

106TH CONGRESS
1ST SESSION

H. R. 3397

To improve the implementation of the Federal responsibility for the care and education of Indian people by improving the services and facilities of Federal Indian health programs and encouraging maximum participation of Indians in such programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 16, 1999

Mr. GEORGE MILLER of California (for himself, Mr. YOUNG of Alaska, Mr. BONIOR, Mr. WAXMAN, Mr. KILDEE, Mr. KENNEDY of Rhode Island, Mr. ABERCROMBIE, Mr. HAYWORTH, Mr. INSLEE, Mr. FALEOMAVAEGA, Mr. GALLEGLY, Mr. SMITH of Washington, Mrs. NAPOLITANO, Mr. KIND, Mrs. CHRISTENSEN, Mr. BLUMENAUER, Ms. KILPATRICK, Ms. LEE, Ms. BALDWIN, Ms. PELOSI, Mr. HINCHEY, Mr. JEFFERSON, Mr. FILNER, Mr. OBERSTAR, Mr. DIAZ-BALART, Ms. STABENOW, Mr. NETHERCUTT, and Mr. MARTINEZ) (all by request) introduced the following bill; which was referred to the Committee on Resources, and in addition to the Committees on Commerce, Ways and Means, and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To improve the implementation of the Federal responsibility for the care and education of Indian people by improving the services and facilities of Federal Indian health programs and encouraging maximum participation of Indians in such programs, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Indian Health Care
3 Improvement Act Amendments of 2000”.

4 **SEC. 2. INDIAN HEALTH CARE IMPROVEMENT ACT AMEND-**
5 **ED.**

6 The Indian Health Care Improvement Act (25 U.S.C.
7 1601 note) is amended to read as follows:

8 **“SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

9 “(a) **SHORT TITLE.**—This Act may be cited as the
10 ‘Indian Health Care Improvement Act’.

11 “(b) **TABLE OF CONTENTS.**—The table of contents
12 for this Act is as follows:

“Sec. 1. Short title; table of contents.

“Sec. 2. Findings.

“Sec. 3. Declaration of health objectives.

“Sec. 4. Definitions.

“TITLE I—INDIAN HEALTH, HUMAN RESOURCES, AND
DEVELOPMENT

“Sec. 101. Purpose.

“Sec. 102. General requirements.

“Sec. 103. Health professions recruitment program for Indians.

“Sec. 104. Health professions preparatory scholarship program for Indians.

“Sec. 105. Indian health professions scholarships.

“Sec. 106. American Indians into psychology program.

“Sec. 107. Indian health service extern programs.

“Sec. 108. Continuing education allowances.

“Sec. 109. Community health representative program.

“Sec. 110. Indian health service loan repayment program.

“Sec. 111. Scholarship and loan repayment recovery fund.

“Sec. 112. Recruitment activities.

“Sec. 113. Tribal recruitment and retention program.

“Sec. 114. Advanced training and research.

“Sec. 115. Quentin B. Burdick American Indians into Nursing Program.

“Sec. 116. Tribal cultural orientation.

“Sec. 117. INMED program.

“Sec. 118. Health training programs of community colleges.

“Sec. 119. Retention bonus.

“Sec. 120. Nursing residency program.

“Sec. 121. Community health aide program for Alaska.

“Sec. 122. Tribal health program administration.

- “Sec. 123. Health professional chronic shortage demonstration project.
- “Sec. 124. Treatment of scholarships for certain purposes.
- “Sec. 125. National health service corps.
- “Sec. 126. Substance abuse counselor education demonstration project.
- “Sec. 127. Mental health training and community education programs.
- “Sec. 128. Authorization of appropriations.

“TITLE II—HEALTH SERVICES

- “Sec. 201. Indian health care improvement fund.
- “Sec. 202. Catastrophic health emergency fund.
- “Sec. 203. Health promotion and disease prevention services.
- “Sec. 204. Diabetes prevention, treatment, and control.
- “Sec. 205. Shared services.
- “Sec. 206. Health services research.
- “Sec. 207. Mammography and other cancer screening.
- “Sec. 208. Patient travel costs.
- “Sec. 209. Epidemiology centers.
- “Sec. 210. Comprehensive school health education programs.
- “Sec. 211. Indian youth program.
- “Sec. 212. Prevention, control, and elimination of communicable and infectious diseases.
- “Sec. 213. Authority for provision of other services.
- “Sec. 214. Indian women’s health care.
- “Sec. 215. Environmental and nuclear health hazards.
- “Sec. 216. Arizona as a contract health service delivery area.
- “Sec. 217. California contract health services program.
- “Sec. 218. California as a contract health service delivery area.
- “Sec. 219. Contract health services for the Trenton service area.
- “Sec. 220. Programs operated by Indian tribes and tribal organizations.
- “Sec. 221. Licensing.
- “Sec. 222. Authorization for emergency contract health services.
- “Sec. 223. Prompt action on payment of claims.
- “Sec. 224. Liability for payment.
- “Sec. 225. Authorization of appropriations.

“TITLE III—FACILITIES

- “Sec. 301. Consultation; construction and renovation of facilities; reports.
- “Sec. 302. Safe water and sanitary waste disposal facilities.
- “Sec. 303. Preference to Indians and Indian firms.
- “Sec. 304. Expenditure of nonservice funds for renovation.
- “Sec. 305. Funding for the construction, expansion, and modernization of small ambulatory care facilities.
- “Sec. 306. Indian health care delivery demonstration project.
- “Sec. 307. Land transfer.
- “Sec. 308. Leases.
- “Sec. 309. Loans, loan guarantees, and loan repayment.
- “Sec. 310. Tribal leasing.
- “Sec. 311. Indian health service/tribal facilities joint venture program.
- “Sec. 312. Location of facilities.
- “Sec. 313. Maintenance and improvement of health care facilities.
- “Sec. 314. Tribal management of federally owned quarters.
- “Sec. 315. Applicability of buy American requirement.
- “Sec. 316. Other funding for facilities.
- “Sec. 317. Authorization of appropriations.

“TITLE IV—ACCESS TO HEALTH SERVICES

- “Sec. 401. Treatment of payments under medicare program.
- “Sec. 402. Treatment of payments under medicaid program.
- “Sec. 403. Report.
- “Sec. 404. Grants to and funding agreements with the service, Indian tribes, tribal organizations, and urban Indian organizations.
- “Sec. 405. Direct billing and reimbursement of medicare, medicaid, and other third-party payors.
- “Sec. 406. Reimbursement from certain third parties of costs of health services.
- “Sec. 407. Crediting of reimbursements.
- “Sec. 408. Purchasing health care coverage.
- “Sec. 409. Indian health service, department of veterans affairs, and other Federal agency health facilities and services sharing.
- “Sec. 410. Payor of last resort.
- “Sec. 411. Payment or reimbursement for services.
- “Sec. 412. Tuba city demonstration project.
- “Sec. 413. Access to Federal insurance.
- “Sec. 414. Consultation and rulemaking.
- “Sec. 415. Limitation on secretary’s waiver authority.
- “Sec. 416. Children’s health insurance program funds.
- “Sec. 417. Waiver of medicare and medicaid sanctions.
- “Sec. 418. Safe harbor.
- “Sec. 419. Cost sharing.
- “Sec. 420. Managed care.
- “Sec. 421. Navajo nation medicaid agency.
- “Sec. 422. Indian advisory committees.
- “Sec. 423. Limitation on charges.
- “Sec. 424. Authorization of appropriations.

“TITLE V—HEALTH SERVICES FOR URBAN INDIANS

- “Sec. 501. Purpose.
- “Sec. 502. Contracts with, and grants to, urban Indian organizations.
- “Sec. 503. Contracts and grants for the provision of health care and referral services.
- “Sec. 504. Contracts and grants for the determination of unmet health care needs.
- “Sec. 505. Evaluations; renewals.
- “Sec. 506. Other contract and grant requirements.
- “Sec. 507. Reports and records.
- “Sec. 508. Limitation on contract authority.
- “Sec. 509. Facilities.
- “Sec. 510. Office of urban Indian health.
- “Sec. 511. Grants for alcohol and substance abuse related services.
- “Sec. 512. Treatment of certain demonstration projects.
- “Sec. 513. Urban NIAAA transferred programs.
- “Sec. 514. Consultation with urban Indian organizations.
- “Sec. 515. Federal tort claims act coverage.
- “Sec. 516. Urban youth treatment center demonstration.
- “Sec. 517. Use of Federal government facilities and sources of supply.
- “Sec. 518. Grants for diabetes prevention, treatment, and control.
- “Sec. 519. Community health representatives.
- “Sec. 520. Regulations.
- “Sec. 521. Authorization of appropriations.

“TITLE VI—ORGANIZATIONAL IMPROVEMENTS

- “Sec. 601. Establishment of the Indian health service as an agency of the public health service.
- “Sec. 602. Automated management information system.
- “Sec. 603. Authorization of appropriations.

“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

- “Sec. 701. Behavioral health prevention and treatment services.
- “Sec. 702. Memoranda of agreement with the department of the interior.
- “Sec. 703. Comprehensive behavioral health prevention and treatment program.
- “Sec. 704. Mental health technician program.
- “Sec. 705. Licensing requirement for mental health care workers.
- “Sec. 706. Indian women treatment programs.
- “Sec. 707. Indian youth program.
- “Sec. 708. Inpatient and community-based mental health facilities design, construction, and staffing.
- “Sec. 709. Training and community education.
- “Sec. 710. Behavioral health program.
- “Sec. 711. Fetal alcohol disorder funding.
- “Sec. 712. Child sexual abuse and prevention treatment programs.
- “Sec. 713. Behavioral health research.
- “Sec. 714. Definitions.
- “Sec. 715. Authorization of appropriations.

“TITLE VIII—MISCELLANEOUS

- “Sec. 801. Reports.
- “Sec. 802. Regulations.
- “Sec. 803. Plan of implementation.
- “Sec. 804. Availability of funds.
- “Sec. 805. Limitation on use of funds appropriated to the Indian health service.
- “Sec. 806. Eligibility of California Indians.
- “Sec. 807. Health services for ineligible persons.
- “Sec. 808. Reallocation of base resources.
- “Sec. 809. Results of demonstration projects.
- “Sec. 810. Provision of services in Montana.
- “Sec. 811. Moratorium.
- “Sec. 812. Tribal employment.
- “Sec. 813. Prime vendor.
- “Sec. 814. Severability provisions.
- “Sec. 815. Establishment of national bipartisan commission on Indian health care entitlement.
- “Sec. 816. Appropriations; availability.
- “Sec. 817. Authorization of appropriations.

1 **“SEC. 2. FINDINGS.**

2 “The Congress finds the following:

3 “(1) Federal delivery of health services and
 4 funding of tribal and urban Indian health programs

1 to maintain and improve the health of the Indians
2 are consonant with and required by the Federal Gov-
3 ernment's historical and unique legal relationship, as
4 reflected in the Constitution, treaties, Federal stat-
5 utes and the course of dealings of the United States
6 with Indian tribes and the United States resulting
7 Government to Government and trust responsibility
8 and obligations to the American Indian people.

9 “(2) From the time of European occupation
10 and colonization through the 20th century policies
11 and practices of the United States caused and/or
12 contributed to the severe health conditions of Indi-
13 ans.

14 “(3) Indian tribes, have, through the cession of
15 over 400,000,000 acres of land, to the United States
16 in exchange for promises, often reflected in treaties,
17 of health care secured a de facto contract which en-
18 titles Indians to health care in perpetuity, based on
19 the moral legal and historic obligation of the United
20 States.

21 “(4) The population growth of the Indian peo-
22 ple that began in the later part of the 20th century
23 increases the need for Federal health care services.

24 “(5) A major national goal of the United States
25 is to provide the quantity and quality of health serv-

1 ices which will permit the health status of Indians
2 regardless of where they live to be raised to the
3 highest possible level that is no less than that of the
4 general population and to provide for the maximum
5 participation of Indian tribes, tribal organizations,
6 and urban Indian organizations in the planning, de-
7 livery and management of those services.

8 “(6) Federal health services to Indians have re-
9 sulted in a reduction in the prevalence and incidence
10 of illnesses among, and unnecessary and premature
11 deaths of, Indians.

12 “(7) Despite such services, the unmet health
13 needs of the American Indian people remain alarm-
14 ingly severe, and even continue to decline, and the
15 health status of Indians is far below the health sta-
16 tus of the general population of the United States.

17 “(8) The disparity to be addressed is formi-
18 dable. In death rates, for example, Indian people
19 suffer a death rate for diabetes mellitus that is 249
20 percent higher than the all races rate for the United
21 States, a pneumonia and influenza death rate 71
22 percent greater, a tuberculosis death rate that is
23 533 percent greater, and a death rate from alco-
24 holism that is 627 percent higher than that of the
25 all races United States rate.

1 **“SEC. 3. DECLARATION OF HEALTH OBJECTIVES.**

2 “(a) The Congress hereby declares that it is the pol-
3 icy of this Nation, in fulfillment of its special trust respon-
4 sibilities and legal obligations to the American Indian
5 people—

6 “(1) to assure the highest possible health status
7 for Indians and to provide all resources necessary to
8 effect that policy;

9 “(2) to raise the health status of Indians by the
10 year 2010 to at least the levels set forth in the goals
11 contained within the Healthy People 2000 or suc-
12 cessor standards;

13 “(3) to the greatest extent possible, to allow In-
14 dian people to set their own health care priorities
15 and establish goals that reflect their unmet needs;

16 “(4) to increase the proportion of all degrees in
17 the health professions and allied and associated
18 health professions awarded to Indians so that the
19 proportion of Indian health professionals in each ge-
20 ographic service area is raised to at least the level
21 of that of the general population;

22 “(5) to require meaningful consultation with In-
23 dian tribes, Indian organizations, and urban Indian
24 organizations to implement this Act and the national
25 policy of Indian self-determination; and

1 “(6) to provide for health care programs and
2 facilities operated by Tribes and tribal organizations
3 in amounts that are not less funds than are provided
4 to programs and facilities operated directly by the
5 Service.

6 **“SEC. 4. DEFINITIONS.**

7 “For purposes of this Act:

8 “(1) The term ‘accredited and accessible’ means
9 a community college or other appropriate entity on
10 or near a Reservation and accredited by a national
11 or regional organization with accrediting authority.

12 “(2) The term ‘Area Office’ means an adminis-
13 trative entity including a program office, within the
14 Indian Health Service through which services and
15 funds are provided to the service units within a de-
16 fined geographic area.

17 “(3) The term ‘contract health service’ means
18 health services provided at the expense of the Serv-
19 ice, Indian tribe or tribal organization from public or
20 private medical providers or hospitals, other than
21 those funded under the Indian Self-Determination
22 and Education Assistance Act.

23 “(4) The term ‘Department’ means, unless oth-
24 erwise designated, the Department of Health and
25 Human Services.

1 “(5) The term ‘Director’ means the Director of
2 the Indian Health Service.

3 “(6) The term ‘disease prevention’ is the reduc-
4 tion, limitation, and prevention of disease and its
5 complications and reduction in the consequences of
6 such diseases including, but not limited to—

7 “(A) controlling—

8 “(i) development of diabetes;

9 “(ii) high blood pressure;

10 “(iii) infectious agents;

11 “(iv) injuries;

12 “(v) occupational hazards and disabil-
13 ities;

14 “(vi) sexually transmittable diseases;

15 and

16 “(vii) toxic agents; and

17 “(B) providing—

18 “(i) fluoridation of water; and

19 “(ii) immunizations.

20 “(7) The term ‘fund’ or ‘funding’ means the
21 transfer of moneys from the Department to any eli-
22 gible entity or individual under this Act by any legal
23 means, including funding agreements, contracts,
24 memoranda of understanding, Buy Indian Act con-
25 tracts or otherwise.

1 “(8) The term ‘funding agreement’ means any
2 agreement to transfer funds for the planning, con-
3 duct, and administration of programs, functions,
4 services and activities to Tribes and tribal organiza-
5 tions from the Secretary under the Indian Self-De-
6 termination and Education Assistance Act.

7 “(9) The term ‘health profession’ means
8 allopathic medicine, family medicine, internal medi-
9 cine, pediatrics, geriatric medicine, obstetrics and
10 gynecology, podiatric medicine, nursing, public
11 health nursing, dentistry, psychiatry, osteopathy, op-
12 tometry, pharmacy, psychology, public health, social
13 work, marriage and family therapy, chiropractic
14 medicine, environmental health and engineering, and
15 allied health professions, or any other health profes-
16 sion.

17 “(10) The ‘health promotion’ means fostering
18 social, economic, environmental, and personal factors
19 conducive to health, including raising people’s
20 awareness about health matters and enabling them
21 to cope with health problems by increasing their
22 knowledge and providing them with valid informa-
23 tion; encouraging adequate and appropriate diet, ex-
24 ercise, and enough sleep; promoting education and
25 work in conformity with physical and mental capac-

1 ity; making available suitable housing, safe water,
2 and sanitary facilities; improving the physical, eco-
3 nomic, cultural, psychological, and social environ-
4 ment; and promoting adequate opportunity for spir-
5 itual, religious, and traditional practices; and ade-
6 quate and appropriate programs including, but not
7 limited to—

8 “(A) abuse prevention (mental and phys-
9 ical);

10 “(B) community health;

11 “(C) community safety;

12 “(D) consumer health education;

13 “(E) diet and nutrition;

14 “(F) disease prevention (communicable,
15 immunizations, HIV/AIDS);

16 “(G) environmental health;

17 “(H) exercise and physical fitness;

18 “(I) fetal alcohol disorders;

19 “(J) first aid and CPR education;

20 “(K) human growth and development;

21 “(L) injury prevention and personal safety;

22 “(M) mental health (emotional, self-worth);

23 “(N) personal health and wellness prac-
24 tices;

25 “(O) personal capacity building;

1 “(P) prenatal, pregnancy, and infant care;
2 “(Q) psychological well-being;
3 “(R) reproductive health (family planning);
4 “(S) safe and adequate water;
5 “(T) safe housing;
6 “(U) safe work environments;
7 “(V) stress control;
8 “(W) substance abuse;
9 “(X) sanitary facilities;
10 “(Y) tobacco use cessation and reduction;
11 “(Z) violence prevention; and

12 “(AA) such other activities identified by
13 the Indian Health Service, or an Indian tribe or
14 tribal organization, to promote achievement of
15 any of the objectives described in section 3(b).

16 “(11) The term ‘Indians’ or ‘Indian’ shall have
17 the same meaning as provided in the Indian Self-De-
18 termination and Education Assistance Act.

19 “(12) The term ‘Indian health program’ means
20 any health program or facility funded, in whole or
21 part, by the Service for the benefit of Indians and
22 administered—

23 “(i) directly by the Service;

24 “(ii) by any Indian tribe or tribal organiza-
25 tion pursuant to a funding agreement under—

1 “(I) the Indian Self-Determination
2 and Educational Assistance Act; or

3 “(II) section 23 of the Act of April
4 30, 1908 (25 U.S.C. 47), popularly known
5 as the ‘Buy-Indian Act’; or

6 “(iii) by an urban Indian organization pur-
7 suant to title V of this Act.

8 “(13) The term ‘Indian tribe’ shall have the
9 same meaning as provided in the Indian Self-Deter-
10 mination and Education Assistance Act.

11 “(14) The term ‘reservation’ means any feder-
12 ally recognized Indian tribe’s reservation, Pueblo or
13 colony, including former reservations in Oklahoma,
14 Alaska Native Regions established pursuant to the
15 Alaska Native Claims Settlement Act, and Indian al-
16 lotments.

17 “(15) The term ‘Secretary’, unless otherwise
18 designated, means the Secretary of Health and
19 Human Services.

20 “(16) The term ‘Service’ means the Indian
21 Health Service.

22 “(17) The term ‘service area’ means the geo-
23 graphical area served by each Area Office.

24 “(18) The term ‘Service Unit’ means—

1 “(A) an administrative entity within the
2 Indian Health Service, or

3 “(B) a Tribe or tribal organization oper-
4 ating health care programs or facilities with
5 funds from the Service under the Indian Self-
6 Determination and Education Assistance Act,
7 through which services are provided, directly or
8 by contract, to the eligible Indian population
9 within a defined geographic area.

10 “(19) The term ‘traditional health care prac-
11 tices’ means the application by Native healing prac-
12 titioners of the Native healing sciences (as opposed
13 or in contradistinction to Western Healing Sciences)
14 which embodies the influences or forces of innate
15 tribal discovery, history, description, explanation and
16 knowledge of the states of wellness and illness and
17 which calls upon these influences or forces, including
18 physical, mental, and spiritual forces in the pro-
19 motion, restoration, preservation and maintenance of
20 health, well-being, and life’s harmony.

21 “(20) The term ‘tribal organization’ shall have
22 the same meaning as provided in the Indian Self-De-
23 termination and Education Assistance Act.

24 “(21) The term ‘tribally controlled community
25 college’ has the meaning given such term in section

1 2(a)(4) of the Tribally Controlled Community Col-
2 lege Assistance Act of 1978 (25 U.S.C. 1801(a)(4))
3 and the definition contained in the Indian Land
4 Grant Status Act (7 U.S.C. 301 note).

5 “(22) The term ‘urban center’ means any com-
6 munity which has a sufficient urban Indian popu-
7 lation with unmet health needs to warrant assistance
8 under title V, as determined by the Secretary.

9 “(23) The term ‘urban Indian’ means any indi-
10 vidual who resides in an urban center and who
11 meets one or more of the following criteria:

12 “(A) Irrespective of whether the individual
13 lives on or near a reservation, the individual is
14 a member of a Tribe, band, or other organized
15 group of Indians, including those Tribes, bands,
16 or groups terminated since 1940.

17 “(B) The individual is an Eskimo or Aleut
18 or other Alaskan Native.

19 “(C) The individual is considered by the
20 Secretary of the Interior to be an Indian for
21 any purpose.

22 “(D) The individual is determined to be an
23 Indian under regulations promulgated by the
24 Secretary.

1 “(24) The term ‘urban Indian organization’
2 means a nonprofit corporate body situated in an
3 urban center, governed by an urban Indian con-
4 trolled board of directors, and providing for the par-
5 ticipation of all interested Indian groups and individ-
6 uals, which body is capable of legally cooperating
7 with other public and private entities for the purpose
8 of performing the activities described in section
9 503(a).

10 **“TITLE I—INDIAN HEALTH,**
11 **HUMAN RESOURCES, AND DE-**
12 **VELOPMENT**

13 **“SEC. 101. PURPOSE.**

14 “The purpose of this title is to increase to the max-
15 imum feasible extent the number of Indians entering the
16 health professions and providing health services, and to
17 assure an optimum supply of health professionals to the
18 Service, Indian tribes, tribal organizations, and urban In-
19 dian organizations involved in the provision of health serv-
20 ices to Indian people.

21 **“SEC. 102. GENERAL REQUIREMENTS.**

22 “(a) SERVICE AREA PRIORITIES.—(1) Unless other-
23 wise specified, the funding for each program authorized
24 by this title shall be allocated by service area by formula
25 developed in consultation with Indian tribes, tribal organi-

1 zations, and urban Indian organizations. Such formula
2 shall consider the human resource and development needs
3 in each service area.

4 “(2) Each Area Office shall undertake active and
5 continuing consultation with representatives of Indian
6 tribes, tribal organizations, and urban Indian organiza-
7 tions to prioritize the use of funds authorized and provided
8 under this title within the service area.

9 “(3) Unless otherwise prohibited, the Area Office is
10 authorized to reallocate the funds available to it pursuant
11 to this title among the programs authorized by this title,
12 excepted that scholarship and loan repayment funds may
13 not be used for administrative functions.

14 “(b) All individual recipients of scholarships, loans,
15 or other funding authorized by this title that exist on Sep-
16 tember 30, 1976 shall be excluded from operation of this
17 subsection through to the completion of the individual’s
18 course of study supported by funds appropriated to carry
19 out this title.

20 **“SEC. 103. HEALTH PROFESSIONS RECRUITMENT PROGRAM**
21 **FOR INDIANS.**

22 “(a) Subject to the requirements of section 102, the
23 Secretary shall make funds available to public or nonprofit
24 private health entities or Indian tribes or tribal organiza-
25 tions to assist such entities in meeting the costs of—

1 “(1) identifying Indians with a potential for
2 education or training in the health professions and
3 encouraging and assisting them—

4 “(A) to enroll in courses of study in such
5 health professions; or

6 “(B) if they are not qualified to enroll in
7 any such courses of study, to undertake such
8 postsecondary education or training as may be
9 required to qualify them for enrollment;

10 “(2) publicizing existing sources of financial aid
11 available to Indians enrolled in any course of study
12 referred to in paragraph (1) or who are undertaking
13 training necessary to qualify them to enroll in any
14 such course of study; or

15 “(3) establishing other programs which the
16 Area Office determines will enhance and facilitate
17 the enrollment of Indians in, and the subsequent
18 pursuit and completion by them of, courses of study
19 referred to in paragraph (1).

20 “(b)(1) Funds under this section shall require that
21 an application has been submitted to, and approved by,
22 the Secretary through the Area Office. Such application
23 shall be in such form, submitted in such manner, and con-
24 tain such information, as the Secretary shall by regulation
25 prescribe pursuant to this Act. The Area Office shall give

1 a preference to applications submitted by Indian tribes,
2 tribal organizations, or urban Indian organizations.

3 “(2) The amount of funds provided to entities author-
4 ized under this section shall be determined by the Area
5 Office. Payments pursuant to this section may be made
6 in advance or by way of reimbursement, and at such inter-
7 vals and on such conditions as provided for in regulations
8 issued pursuant to this Act. To the extent not otherwise
9 prohibited by law, funding commitments shall be for 3
10 years, as provided for in regulations published pursuant
11 to this Act.

12 “(c) For purposes of this section and sections 104
13 and 105, the term ‘Indian’ or ‘Indians’ shall, in addition
14 to the meaning contained in section 4, also mean any per-
15 son who—

16 “(1) irrespective of whether he or she lives on
17 or near a reservation, is a member of a Tribe, band,
18 or other organized group of Indians, including those
19 Tribes, bands, or groups terminated since 1940;

20 “(2) is an Eskimo or Aleut or other Alaska Na-
21 tive;

22 “(3) is considered by the Secretary of the Inte-
23 rior to be an Indian for any purpose; or

24 “(4) is determined to be an Indian under regu-
25 lations promulgated by the Secretary.

1 **“SEC. 104. HEALTH PROFESSIONS PREPARATORY SCHOL-**
2 **ARSHIP PROGRAM FOR INDIANS.**

3 “(a) Subject to the requirements of section 102, the
4 Secretary shall provide scholarships to Indians who—

5 “(1) have successfully completed their high
6 school education or high school equivalency; and

7 “(2) have demonstrated the potential to suc-
8 cessfully complete courses of study in the health pro-
9 fessions.

10 “(b) Scholarships provided pursuant to this section
11 shall be for the following purposes:

12 “(1) Compensatory preprofessional education of
13 any recipient, such scholarship not to exceed 2 years
14 on a full-time basis (or the part-time equivalent
15 thereof, as determined by the Area Office pursuant
16 to regulations issued under this Act).

17 “(2) Pregraduate education of any recipient
18 leading to a baccalaureate degree in an approved
19 course of study preparatory to a field of study in a
20 health profession, such scholarship not to exceed 4
21 years. An extension of up to 2-years (or the part-
22 time equivalent thereof, as determined by the Area
23 Office pursuant to regulations issued pursuant to
24 this Act) may be approved.

25 “(c) Scholarships under this section—

1 “(1) may cover costs of tuition, books, trans-
2 portation, board, and other necessary related ex-
3 penses of a recipient while attending school;

4 “(2) shall not be denied solely on the basis of
5 the applicant’s scholastic achievement if such appli-
6 cant has been admitted to, or maintained good
7 standing at, an accredited institution; and

8 “(3) shall not be denied solely by reason of such
9 applicant’s eligibility for assistance or benefits under
10 any other Federal program.

11 **“SEC. 105. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.**

12 “(a) In order to meet the need for health profes-
13 sionals serving Indians, Indian tribes, tribal organizations,
14 and urban Indian organizations, subject to the require-
15 ments of section 102. The administration of this section
16 shall be a responsibility of the Director and shall not be
17 delegated in a funding agreement pursuant to the Indian
18 Self-Determination and Education Assistance Act. The
19 Secretary shall make scholarships to Indians who are en-
20 rolled full or part time in accredited schools and pursuing
21 courses of study in the health professions. Such scholar-
22 ships shall be designated Indian Health Scholarships and
23 shall be made in accordance with section 338A of the Pub-
24 lic Health Service Act (42 U.S.C. 254l), except as pro-
25 vided in subsection (b) of this section.

1 “(b)(1) An Indian shall be eligible for a scholarship
2 under subsection (a) in any year in which such individual
3 is enrolled full or part time in a course of study referred
4 to in subsection (a).

5 “(2)(A) The active duty service obligation under a
6 written contract with the Secretary under section 338A
7 of the Public Health Service Act (42 U.S.C. 254l) that
8 an Indian has entered into under that section shall, if that
9 individual is a recipient of an Indian Health Scholarship,
10 be met in full-time practice on an equivalent year for year
11 obligation, by service—

12 “(i) in the Indian Health Service;

13 “(ii) in a program conducted under a funding
14 agreement entered into under the Indian Self-Deter-
15 mination and Education Assistance Act;

16 “(iii) in a program assisted under title V of this
17 Act; or

18 “(iv) in the private practice of the applicable
19 profession if, as determined by the Secretary, in ac-
20 cordance with guidelines promulgated by the Sec-
21 retary, such practice is situated in a physician or
22 other health professional shortage area and address-
23 es the health care needs of a substantial number of
24 Indians.

1 “(B) At the request of any individual who has entered
2 into a contract referred to in subparagraph (A) and who
3 receives a degree in medicine (including osteopathic or
4 allopathic medicine), dentistry, optometry, podiatry, or
5 pharmacy, the Secretary shall defer the active duty service
6 obligation of that individual under that contract, in order
7 that such individual may complete any internship, resi-
8 dency, or other advanced clinical training that is required
9 for the practice of that health profession, for an appro-
10 priate period (in years, as determined by the Secretary),
11 subject to the following conditions:

12 “(i) No period of internship, residency, or other
13 advanced clinical training shall be counted as satis-
14 fying any period of obligated service that is required
15 under this section.

16 “(ii) The active duty service obligation of that
17 individual shall commence not later than 90 days
18 after the completion of that advanced clinical train-
19 ing (or by a date specified by the Secretary).

20 “(iii) The active duty service obligation will be
21 served in the health profession of that individual, or
22 in a field or specialty where a need is determined to
23 exist by the appropriate service area, in a manner
24 consistent with clauses (i) through (iv) of subpara-
25 graph (A).

1 “(C) All new recipients of Indian Health Scholarships
2 awarded after 2001 shall meet the active duty service obli-
3 gation within the service area from which the scholarship
4 was awarded. Priority shall be given to a program that
5 funded the recipient. Under special circumstances, a re-
6 cipient may be placed in a different service area by agree-
7 ment between Areas or programs.

8 “(D) Subject to subparagraph (C), the Area Office,
9 in making assignments of Indian Health Scholarship re-
10 cipients required to meet the active duty service obligation
11 described in subparagraph (A), shall give priority to as-
12 signing individuals to service in those programs specified
13 in subparagraph (A) that have a need for health profes-
14 sionals to provide health care services as a result of indi-
15 viduals having breached contracts entered into under this
16 section.

17 “(3) In the case of an individual receiving a scholar-
18 ship under this section who is enrolled part time in an
19 approved course of study—

20 “(A) such scholarship shall be for a period of
21 years not to exceed the part-time equivalent of 4
22 years, as determined by the Area Office;

23 “(B) the period of obligated service described in
24 paragraph (2)(A) shall be equal to the greater of—

1 “(i) the part-time equivalent of one year
2 for each year for which the individual was pro-
3 vided a scholarship (as determined by the Area
4 Office); or

5 “(ii) 2 years; and

6 “(C) the amount of the monthly stipend speci-
7 fied in section 338A(g)(1)(B) of the Public Health
8 Service Act (42 U.S.C. 254l(g)(1)(B)) shall be re-
9 duced pro rata (as determined by the Secretary)
10 based on the number of hours such student is en-
11 rolled.

12 “(4)(A) An individual who has, on or after the date
13 of the enactment of this paragraph, entered into a written
14 contract with the Secretary under this section and who—

15 “(i) fails to maintain an acceptable level of aca-
16 demic standing in the educational institution in
17 which he is enrolled (such level determined by the
18 educational institution under regulations of the Sec-
19 retary),

20 “(ii) is dismissed from such educational institu-
21 tion for disciplinary reasons,

22 “(iii) voluntarily terminates the training in such
23 an educational institution for which he is provided a
24 scholarship under such contract before the comple-
25 tion of such training, or

1 “(iv) fails to accept payment, or instructs the
2 educational institution in which he is enrolled not to
3 accept payment, in whole or in part, of a scholarship
4 under such contract, in lieu of any service obligation
5 arising under such contract, shall be liable to the
6 United States for the amount which has been paid
7 to him, or on his behalf, under the contract.

8 “(B) If for any reason not specified in subparagraph
9 (A) an individual breaches a written contract by failing
10 either to begin such individual’s service obligation under
11 this section or to complete such service obligation, the
12 United States shall be entitled to recover from the indi-
13 vidual an amount determined in accordance with the for-
14 mula specified in subsection (l) of section 108 in the man-
15 ner provided for in such subsection.

16 “(C) Upon the death of an individual who receives
17 an Indian Health Scholarship, any obligation of that indi-
18 vidual for service or payment that relates to that scholar-
19 ship shall be canceled.

20 “(D) The Secretary shall provide for the partial or
21 total waiver or suspension of any obligation of service or
22 payment of a recipient of an Indian Health Scholarship
23 if the Secretary, in consultation with the Area Office, In-
24 dian tribes, tribal organizations, and urban Indian organi-
25 zations, determines that—

1 “(i) it is not possible for the recipient to meet
2 that obligation or make that payment;

3 “(ii) requiring that recipient to meet that obli-
4 gation or make that payment would result in ex-
5 treme hardship to the recipient; or

6 “(iii) the enforcement of the requirement to
7 meet the obligation or make the payment would be
8 unconscionable.

9 “(E) Notwithstanding any other provision of law, in
10 any case of extreme hardship or for other good cause
11 shown, the Secretary may waive, in whole or in part, the
12 right of the United States to recover funds made available
13 under this section.

14 “(F) Notwithstanding any other provision of law,
15 with respect to a recipient of an Indian Health Scholar-
16 ship, no obligation for payment may be released by a dis-
17 charge in bankruptcy under title 11, United States Code,
18 unless that discharge is granted after the expiration of the
19 5-year period beginning on the initial date on which that
20 payment is due, and only if the bankruptcy court finds
21 that the nondischarge of the obligation would be uncon-
22 scionable.

23 “(c) FUNDING FOR TRIBES FOR SCHOLARSHIP PRO-
24 GRAMS.—(1)(A) Subject to section 102, the Secretary
25 shall make funds available to Indian tribes and tribal or-

1 ganizations for the purpose of assisting such tribes and
2 tribal organizations in educating Indians to serve as health
3 professionals in Indian communities.

4 “(B) Amounts available under subparagraph (A) for
5 any fiscal year shall not exceed 5 percent of the amounts
6 available for each fiscal year for Indian Health Scholar-
7 ships under this section.

8 “(C) An application for funds under subparagraph
9 (A) shall be in such form and contain such agreements,
10 assurances, and information as consistent with this sec-
11 tion.

12 “(2)(A) An Indian tribe or tribal organization receiv-
13 ing funds under paragraph (1) shall provide scholarships
14 to Indians in accordance with the requirements of this
15 subsection.

16 “(B) With respect to costs of providing any scholar-
17 ship pursuant to subparagraph (A)—

18 “(i) 80 percent of the costs of the scholarship
19 shall be paid from the funds pursuant to subsection
20 (c)(1) provided to the Indian tribe or tribal organi-
21 zation; and

22 “(ii) 20 percent of such costs may be paid from
23 any other source of funds.

24 “(3) An Indian tribe or tribal organization shall pro-
25 vide scholarships under subsection (c) only to Indians en-

1 rolled or accepted for enrollment in a course of study (ap-
2 proved by the Secretary) in one of the health professions
3 contemplated by this Act.

4 “(4) In providing scholarships under paragraph (2),
5 the Secretary and the Indian tribe or tribal organization
6 shall enter into a written contract with each recipient of
7 such scholarship. Such contract shall—

8 “(A) obligate such recipient to provide service
9 in an Indian health program (as defined in section
10 109(a)(2)(A)), in the same service area where the
11 Indian tribe or tribal organization providing the
12 scholarship is located, for—

13 “(i) a number of years for which the schol-
14 arship is provided (or the part-time equivalent
15 thereof, as determined by the Secretary), or for
16 a period of 2 years, whichever period is greater;
17 or

18 “(ii) such greater period of time as the re-
19 cipient and the Indian tribe or tribal organiza-
20 tion may agree;

21 “(B) provide that the amount of the
22 scholarship—

23 “(i) may only be expended for—

24 “(I) tuition expenses, other reasonable
25 educational expenses, and reasonable living

1 expenses incurred in attendance at the
2 educational institution; and

3 “(II) payment to the recipient of a
4 monthly stipend of not more than the
5 amount authorized by section 338(g)(1)(B)
6 of the Public Health Service Act (42
7 U.S.C. 254m(g)(1)(B), such amount to be
8 reduced pro rata (as determined by the
9 Secretary) based on the number of hours
10 such student is enrolled; and may not ex-
11 ceed, for any year of attendance for which
12 the scholarship is provided, the total
13 amount required for the year for the pur-
14 poses authorized in this clause; and

15 “(ii) may not exceed, for any year of at-
16 tendance for which the scholarship is provided,
17 the total amount required for the year for the
18 purposes authorized in clause (i);

19 “(C) require the recipient of such scholarship to
20 maintain an acceptable level of academic standing as
21 determined by the educational institution in accord-
22 ance with regulations issued pursuant to this Act;
23 and

1 “(D) require the recipient of such scholarship
2 to meet the educational and licensure requirements
3 appropriate to each health profession.

4 “(5)(A) An individual who has entered into a written
5 contract with the Secretary and an Indian tribe or tribal
6 organization under this paragraph and who—

7 “(i) fails to maintain an acceptable level of aca-
8 demic standing in the educational institution in
9 which he is enrolled (such level determined by the
10 educational institution under regulations of the Sec-
11 retary);

12 “(ii) is dismissed from such educational institu-
13 tion for disciplinary reasons;

14 “(iii) voluntarily terminates the training in such
15 an educational institution for which he or she is pro-
16 vided a scholarship under such contract before the
17 completion of such training; or

18 “(iv) fails to accept payment, or instructs the
19 educational institution in which he or she is enrolled
20 not to accept payment, in whole or in part, of a
21 scholarship under such contract, in lieu of any serv-
22 ice obligation arising under such contract,

23 shall be liable to the United States for the Federal share
24 of the amount which has been paid to him or her, or on
25 his or her behalf, under the contract.

1 “(B) If for any reason not specified in subparagraph
2 (A), an individual breaches his or her written contract by
3 failing to either begin such individual’s service obligation
4 required under such contract or to complete such service
5 obligation, the United States shall be entitled to recover
6 from the individual an amount determined in accordance
7 with the formula specified in subsection (l) of section 110
8 in the manner provided for in such subsection.

9 “(C) The Secretary may carry out this subsection on
10 the basis of information received from Indian tribes or
11 tribal organizations involved, or on the basis of informa-
12 tion collected through such other means as the Secretary
13 deems appropriate.

14 “(6) The recipient of a scholarship under paragraph
15 (1) shall agree, in providing health care pursuant to the
16 requirements herein—

17 “(A) not to discriminate against an individual
18 seeking care on the basis of the ability of the indi-
19 vidual to pay for such care or on the basis that pay-
20 ment for such care will be made pursuant to the
21 program established in title XVIII of the Social Se-
22 curity Act or pursuant to the programs established
23 in title XIX of such Act; and

24 “(B) to accept assignment under section
25 1842(b)(3)(B)(ii) of the Social Security Act for all

1 services for which payment may be made under part
2 B of title XVIII of such Act, and to enter into an
3 appropriate agreement with the State agency that
4 administers the State plan for medical assistance
5 under title XIX of such Act to provide service to in-
6 dividuals entitled to medical assistance under the
7 plan.

8 “(7) The Secretary shall make payments under this
9 paragraph to an Indian tribe or tribal organization for any
10 fiscal year subsequent to the first fiscal year of such pay-
11 ments unless the Secretary determines that, for the imme-
12 diately preceding fiscal year, the Indian tribe or tribal or-
13 ganization has not complied with the requirements of this
14 subsection.

15 **“SEC. 106. AMERICAN INDIANS INTO PSYCHOLOGY PRO-**
16 **GRAM.**

17 “(a) Notwithstanding section 102, the Secretary shall
18 provide funding grants to at least 3 colleges and univer-
19 sities for the purpose of developing and maintaining Amer-
20 ican Indian psychology career recruitment programs as a
21 means of encouraging Indians to enter the mental health
22 field. These programs shall be located at various locations
23 throughout the country to maximize their availability to
24 Indian students and new programs shall be established in
25 different locations from time to time.

1 “(b) The Secretary shall provide one of the grants
2 authorized under subsection (a) to develop and maintain
3 a program at the University of North Dakota to be known
4 as the ‘Quentin N. Burdick American Indians Into Psy-
5 chology Program’. Such program shall, to the maximum
6 extent feasible, coordinate with the Quentin N. Burdick
7 Indian Health Programs authorized under section 117(b),
8 the Quentin N. Burdick American Indians Into Nursing
9 Program authorized under section 115(e), and existing
10 university research and communications networks.

11 “(c)(1) The Secretary shall issue regulations pursu-
12 ant to this Act for the competitive awarding of funds pro-
13 vided under this section.

14 “(2) Applicants under this section shall agree to pro-
15 vide a program which, at a minimum—

16 “(A) provides outreach and recruitment for
17 health professions to Indian communities including
18 elementary, secondary, and accredited and accessible
19 community colleges that will be served by the pro-
20 gram;

21 “(B) incorporates a program advisory board
22 comprised of representatives from the tribes and
23 communities that will be served by the program;

24 “(C) provides stipends to undergraduate and
25 graduate students to pursue a career in psychology;

1 “(D) develops affiliation agreements with tribal
2 community colleges, the Service, university affiliated
3 programs, and other appropriate accredited and ac-
4 cessible entities to enhance the education of Indian
5 students;

6 “(E) to the maximum extent feasible, uses ex-
7 isting university tutoring, counseling, and student
8 support services; and

9 “(F) to the maximum extent feasible, employs
10 qualified Indians in the program.

11 “(d) The active duty service obligation prescribed
12 under section 338C of the Public Health Service Act (42
13 U.S.C. 254m) shall be met by each graduate who receives
14 a stipend described in subsection (c)(2)(D) that is funded
15 under this section. Such obligation shall be met by
16 service—

17 “(1) in the Indian Health Service;

18 “(2) in a program conducted under a funding
19 agreement entered into under the Indian Self-Deter-
20 mination and Education Assistance Act;

21 “(3) in a program assisted under title V of this
22 Act; or

23 “(4) in the private practice of psychology if, as
24 determined by the Secretary, in accordance with
25 guidelines promulgated by the Secretary, such prac-

1 tice is situated in a physician or other health profes-
2 sional shortage area and addresses the health care
3 needs of a substantial number of Indians.

4 **“SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS.**

5 “(a) Any individual who receives a scholarship pursu-
6 ant to section 105 shall be given preference for employ-
7 ment in the Service, or may be employed by a program
8 of an Indian tribe, tribal organization, or urban Indian
9 organization, or other agencies of the Department as
10 available, during any nonacademic period of the year. Pe-
11 riods of employment pursuant to this subsection shall not
12 be counted in determining fulfillment of the service obliga-
13 tion incurred as a condition of the scholarship grant.

14 “(b) Any individual enrolled in a course of study in
15 the health professions may be employed by the Service or
16 by an Indian tribe, tribal organization, or urban Indian
17 organization during any nonacademic period of the year.
18 Any such employment shall not exceed 120 days during
19 any calendar year.

20 “(c) Any individual in a high school program author-
21 ized under section 103(a) may be employed by the Service
22 or by an Indian tribe, or tribal organization or urban In-
23 dian organization during any nonacademic period of the
24 year, not to exceed 120 days during a calendar year.

1 “(d) Any employment pursuant to this section shall
2 be made without regard to any competitive personnel sys-
3 tem or agency personnel limitation and to a position which
4 will enable the individual so employed to receive practical
5 experience in the health profession in which he or she is
6 engaged in study. Any individual so employed shall receive
7 payment for his or her services comparable to the salary
8 he or she would receive if he or she were employed in the
9 competitive system. Any individual so employed shall not
10 be counted against any employment ceiling affecting the
11 Service or the Department.

12 **“SEC. 108. CONTINUING EDUCATION ALLOWANCES.**

13 “‘In order to encourage health professionals, including
14 for purposes of this section, community health representa-
15 tives and emergency medical technicians, to join or con-
16 tinue in the Service or program of an Indian tribe, tribal
17 organization, or urban Indian organization and to provide
18 their services in the rural and remote areas where a sig-
19 nificant portion of the Indian people reside, the Secretary,
20 subject to section 102, acting through the service area,
21 may provide allowances to health professionals employed
22 in the Service or program of an Indian tribe, tribal organi-
23 zation, or urban Indian organization to enable them for
24 a period of time each year prescribed by regulation of the

1 Secretary to take leave of their duty stations for profes-
2 sional consultation and refresher training courses.

3 **“SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PRO-**
4 **GRAM.**

5 “(a) Under the authority of the Act of November 2,
6 1921 (25 U.S.C. 13), popularly known as the Snyder Act,
7 the Secretary shall maintain a Community Health Rep-
8 resentative Program under which the Service, Indian
9 tribes, and tribal organizations—

10 “(1) provide for the training of Indians as com-
11 munity health representatives; and

12 “(2) use such community health representatives
13 in the provision of health care, health promotion,
14 and disease prevention services to Indian commu-
15 nities.

16 “(b) The Secretary, acting through the Community
17 Health Representative Program of the Service, shall—

18 “(1) provide a high standard of training for
19 community health representatives to ensure that the
20 community health representatives provide quality
21 health care, health promotion, and disease preven-
22 tion services to the Indian communities served by
23 such Program;

24 “(2) in order to provide such training, develop
25 and maintain a curriculum that—

1 “(A) combines education in the theory of
2 health care with supervised practical experience
3 in the provision of health care; and

4 “(B) provides instruction and practical ex-
5 perience in health promotion and disease pre-
6 vention activities, with appropriate consider-
7 ation given to lifestyle factors that have an im-
8 pact on Indian health status, such as alco-
9 holism, family dysfunction, and poverty;

10 “(3) maintain a system which identifies the
11 needs of community health representatives for con-
12 tinuing education in health care, health promotion,
13 and disease prevention and develop programs that
14 meet the needs for continuing education;

15 “(4) maintain a system that provides close su-
16 pervision of Community Health Representatives;

17 “(5) maintain a system under which the work
18 of the Community Health Representatives is re-
19 viewed and evaluated; and

20 “(6) promote traditional health care practices
21 of the Indian tribes served consistent with the Serv-
22 ice standards for the provision of health care, health
23 promotion, and disease prevention.

1 **“SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT**
2 **PROGRAM.**

3 “(a)(1) Subject to section 102, the Secretary shall es-
4 tablish a program to be known as the Indian Health Serv-
5 ice Loan Repayment Program (hereinafter referred to as
6 the ‘Loan Repayment Program’) in order to ensure an
7 adequate supply of trained health professionals necessary
8 to maintain accreditation of, and provide health care serv-
9 ices to Indians through, Indian health programs.

10 “(2) For the purposes of this section the term ‘State’
11 has the same meaning given such term in section 331(i)(4)
12 of the Public Health Service Act.

13 “(b) To be eligible to participate in the Loan Repay-
14 ment Program, an individual must—

15 “(1)(A) be enrolled—

16 “(i) in a course of study or program in an
17 accredited institution, as determined by the
18 Secretary, within any State and be scheduled to
19 complete such course of study in the same year
20 such individual applies to participate in such
21 program; or

22 “(ii) in an approved graduate training pro-
23 gram in a health profession; or

24 “(B) have—

25 “(i) a degree in a health profession; and

1 “(ii) a license to practice a health profes-
2 sion;

3 “(2)(A) be eligible for, or hold, an appointment
4 as a commissioned officer in the Regular or Reserve
5 Corps of the Public Health Service;

6 “(B) be eligible for selection for civilian service
7 in the Regular or Reserve Corps of the Public
8 Health Service;

9 “(C) meet the professional standards for civil
10 service employment in the Indian Health Service; or

11 “(D) be employed in an Indian health program
12 without a service obligation; and

13 “(3) submit to the Secretary an application for
14 a contract described in subsection (f).

15 “(c)(1) In disseminating application forms and con-
16 tract forms to individuals desiring to participate in the
17 Loan Repayment Program, the Secretary shall include
18 with such forms a fair summary of the rights and liabil-
19 ities of an individual whose application is approved (and
20 whose contract is accepted) by the Secretary, including in
21 the summary a clear explanation of the damages to which
22 the United States is entitled under subsection (l) in the
23 case of the individual’s breach of contract. The Secretary
24 shall provide such individuals with sufficient information
25 regarding the advantages and disadvantages of service as

1 a commissioned officer in the Regular or Reserve Corps
2 of the Public Health Service or a civilian employee of the
3 Indian Health Service to enable the individual to make
4 a decision on an informed basis.

5 “(2) The application form, contract form, and all
6 other information furnished by the Secretary under this
7 section shall be written in a manner calculated to be un-
8 derstood by the average individual applying to participate
9 in the Loan Repayment Program.

10 “(3) The Secretary shall make such application
11 forms, contract forms, and other information available to
12 individuals desiring to participate in the Loan Repayment
13 Program on a date sufficiently early to ensure that such
14 individuals have adequate time to carefully review and
15 evaluate such forms and information.

16 “(d)(1) Consistent with section 102 and subsection
17 (k), the Secretary shall annually—

18 “(A) identify the positions in each Indian
19 health program for which there is a need or a va-
20 cancy; and

21 “(B) rank those positions in order of priority.

22 “(2) Consistent with the priority determined under
23 paragraph (1), the Secretary, in determining which appli-
24 cations under the Loan Repayment Program to approve

1 (and which contracts to accept), shall give priority to ap-
2 plications made by—

3 “(A) Indians; and

4 “(B) individuals recruited through the efforts of
5 an Indian tribe, tribal organization, or urban Indian
6 organization.

7 “(e)(1) An individual becomes a participant in the
8 Loan Repayment Program only upon the Secretary and
9 the individual entering into a written contract described
10 in subsection (f).

11 “(2) The Secretary shall provide written notice to an
12 individual within 21 days on—

13 “(A) the Secretary’s approving, under para-
14 graph (1), of the individual’s participation in the
15 Loan Repayment Program, including extensions re-
16 sulting in an aggregate period of obligated service in
17 excess of 4 years; or

18 “(B) the Secretary’s disapproving an individ-
19 ual’s participation in such Program.

20 “(f) The written contract referred to in this section
21 between the Secretary and an individual shall contain—

22 “(1) an agreement under which—

23 “(A) subject to paragraph (3), the Sec-
24 retary agrees—

1 “(i) to pay loans on behalf of the indi-
2 vidual in accordance with the provisions of
3 this section; and

4 “(ii) to accept (subject to the avail-
5 ability of appropriated funds for carrying
6 out this section) the individual into the
7 Service or place the individual with a tribe,
8 tribal organization, or urban Indian orga-
9 nization as provided in subparagraph
10 (B)(iii); and

11 “(B) subject to paragraph (3), the indi-
12 vidual agrees—

13 “(i) to accept loan payments on behalf
14 of the individual;

15 “(ii) in the case of an individual de-
16 scribed in subsection (b)(1)—

17 “(I) to maintain enrollment in a
18 course of study or training described
19 in subsection (b)(1)(A) until the indi-
20 vidual completes the course of study
21 or training, and

22 “(II) while enrolled in such
23 course of study or training, to main-
24 tain an acceptable level of academic
25 standing (as determined under regula-

1 tions of the Secretary by the edu-
2 cational institution offering such
3 course of study or training); and

4 “(iii) to serve for a time period (here-
5 inafter in this section referred to as the
6 ‘period of obligated service’) equal to 2
7 years or such longer period as the indi-
8 vidual may agree to serve in the full-time
9 clinical practice of such individual’s profes-
10 sion in an Indian health program to which
11 the individual may be assigned by the Sec-
12 retary;

13 “(2) a provision permitting the Secretary to ex-
14 tend for such longer additional periods, as the indi-
15 vidual may agree to, the period of obligated service
16 agreed to by the individual under paragraph
17 (1)(B)(iii);

18 “(3) a provision that any financial obligation of
19 the United States arising out of a contract entered
20 into under this section and any obligation of the in-
21 dividual which is conditioned thereon is contingent
22 upon funds being appropriated for loan repayments
23 under this section;

1 “(4) a statement of the damages to which the
2 United States is entitled under subsection (l) for the
3 individual’s breach of the contract; and

4 “(5) such other statements of the rights and li-
5 abilities of the Secretary and of the individual, not
6 inconsistent with this section.

7 “(g)(1) A loan repayment provided for an individual
8 under a written contract under the Loan Repayment Pro-
9 gram shall consist of payment, in accordance with para-
10 graph (2), on behalf of the individual of the principal, in-
11 terest, and related expenses on government and commer-
12 cial loans received by the individual regarding the under-
13 graduate or graduate education of the individual (or both),
14 which loans were made for—

15 “(A) tuition expenses;

16 “(B) all other reasonable educational expenses,
17 including fees, books, and laboratory expenses, in-
18 curred by the individual; and

19 “(C) reasonable living expenses as determined
20 by the Secretary.

21 “(2)(A) For each year of obligated service that an
22 individual contracts to serve under subsection (f) the Sec-
23 retary may pay up to \$35,000 or an amount equal to the
24 amount specified in section 338B(g)(2)(A) of the Public
25 Health Service Act, whichever is more, on behalf of the

1 individual for loans described in paragraph (1). In making
2 a determination of the amount to pay for a year of such
3 service by an individual, the Secretary shall consider the
4 extent to which each such determination—

5 “(i) affects the ability of the Secretary to maxi-
6 mize the number of contracts that can be provided
7 under the Loan Repayment Program from the
8 amounts appropriated for such contracts;

9 “(ii) provides an incentive to serve in Indian
10 health programs with the greatest shortages of
11 health professionals; and

12 “(iii) provides an incentive with respect to the
13 health professional involved remaining in an Indian
14 health program with such a health professional
15 shortage, and continuing to provide primary health
16 services, after the completion of the period of obli-
17 gated service under the Loan Repayment Program.

18 “(B) Any arrangement made by the Secretary for the
19 making of loan repayments in accordance with this sub-
20 section shall provide that any repayments for a year of
21 obligated service shall be made no later than the end of
22 the fiscal year in which the individual completes such year
23 of service.

24 “(3) The Secretary may enter into an agreement with
25 the holder of any loan for which payments are made under

1 the Loan Repayment Program to establish a schedule for
2 the making of such payments.

3 “(h) Notwithstanding any other provision of law, in-
4 dividuals who have entered into written contracts with the
5 Secretary under this section, while undergoing academic
6 training, shall not be counted against any employment
7 ceiling affecting the Department.

8 “(i) The Secretary shall conduct recruiting programs
9 for the Loan Repayment Program and other Service man-
10 power programs of the Service at educational institutions
11 training health professionals or specialists identified in
12 subsection (a).

13 “(j) Section 214 of the Public Health Service Act (42
14 U.S.C. 215) shall not apply to individuals during their pe-
15 riod of obligated service under the Loan Repayment Pro-
16 gram.

17 “(k) The Secretary, in assigning individuals to serve
18 in Indian health programs pursuant to contracts entered
19 into under this section, shall—

20 “(1) ensure that the staffing needs of Indian
21 health programs administered by an Indian tribe or
22 tribal organization receive consideration on an equal
23 basis with programs that are administered directly
24 by the Service; and

1 “(2) give priority to assigning individuals to In-
2 dian health programs that have a need for health
3 professionals to provide health care services as a re-
4 sult of individuals having breached contracts entered
5 into under this section.

6 “(l)(1) An individual who has entered into a written
7 contract with the Secretary under this section and who—

8 (A) is enrolled in the final year of a course of
9 study and who—

10 “(i) fails to maintain an acceptable level of
11 academic standing in the educational institution
12 in which he is enrolled (such level determined
13 by the educational institution under regulations
14 of the Secretary);

15 “(ii) voluntarily terminates such enroll-
16 ment; or

17 “(iii) is dismissed from such educational
18 institution before completion of such course of
19 study; or

20 “(B) is enrolled in a graduate training pro-
21 gram, fails to complete such training program, and
22 does not receive a waiver from the Secretary under
23 subsection (b)(1)(B)(ii),

24 shall be liable, in lieu of any service obligation arising
25 under such contract, to the United States for the amount

1 which has been paid on such individual's behalf under the
2 contract.

3 “(2) If, for any reason not specified in paragraph (1),
4 an individual breaches his written contract under this sec-
5 tion by failing either to begin, or complete, such individ-
6 ual's period of obligated service in accordance with sub-
7 section (f), the United States shall be entitled to recover
8 from such individual an amount to be determined in ac-
9 cordance with the following formula:

$$“A=3Z(t-s/t)$$

10 in which—

11 “(A) ‘A’ is the amount the United States is en-
12 titled to recover;

13 “(B) ‘Z’ is the sum of the amounts paid under
14 this section to, or on behalf of, the individual and
15 the interest on such amounts which would be pay-
16 able if, at the time the amounts were paid, they were
17 loans bearing interest at the maximum legal pre-
18 vailing rate, as determined by the Secretary of the
19 Treasury;

20 “(C) ‘t’ is the total number of months in the in-
21 dividual's period of obligated service in accordance
22 with subsection (f); and

1 “(D) ‘s’ is the number of months of such period
2 served by such individual in accordance with this
3 section.

4 Amounts not paid within such period shall be subject to
5 collection through deductions in medicare payments pur-
6 suant to section 1892 of the Social Security Act.

7 “(3)(A) Any amount of damages which the United
8 States is entitled to recover under this subsection shall be
9 paid to the United States within the 1-year period begin-
10 ning on the date of the breach or such longer period begin-
11 ning on such date as shall be specified by the Secretary.

12 “(B) If damages described in subparagraph (A) are
13 delinquent for 3 months, the Secretary shall, for the pur-
14 pose of recovering such damages—

15 “(i) use collection agencies contracted with by
16 the Administrator of General Services; or

17 “(ii) enter into contracts for the recovery of
18 such damages with collection agencies selected by
19 the Secretary.

20 “(C) Each contract for recovering damages pursuant
21 to this subsection shall provide that the contractor will,
22 not less than once each 6 months, submit to the Secretary
23 a status report on the success of the contractor in col-
24 lecting such damages. Section 3718 of title 31, United

1 States Code, shall apply to any such contract to the extent
2 not inconsistent with this subsection.

3 “(m)(1) Any obligation of an individual under the
4 Loan Repayment Program for service or payment of dam-
5 ages shall be canceled upon the death of the individual.

6 “(2) The Secretary shall by regulation provide for the
7 partial or total waiver or suspension of any obligation of
8 service or payment by an individual under the Loan Re-
9 payment Program whenever compliance by the individual
10 is impossible or would involve extreme hardship to the in-
11 dividual and if enforcement of such obligation with respect
12 to any individual would be unconscionable.

13 “(3) The Secretary may waive, in whole or in part,
14 the rights of the United States to recover amounts under
15 this section in any case of extreme hardship or other good
16 cause shown, as determined by the Secretary.

17 “(4) Any obligation of an individual under the Loan
18 Repayment Program for payment of damages may be re-
19 leased by a discharge in bankruptcy under title 11 of the
20 United States Code only if such discharge is granted after
21 the expiration of the 5-year period beginning on the first
22 date that payment of such damages is required, and only
23 if the bankruptcy court finds that nondischarge of the ob-
24 ligation would be unconscionable.

1 “(n) The Secretary shall submit to the President, for
2 inclusion in each report required to be submitted to the
3 Congress under section 801, a report concerning the pre-
4 vious fiscal year which sets forth by service area—

5 “(1) the health professional positions main-
6 tained by the Service or by tribal or Indian organi-
7 zations for which recruitment or retention is dif-
8 ficult;

9 “(2) the number of Loan Repayment Program
10 applications filed with respect to each type of health
11 profession;

12 “(3) the number of contracts described in sub-
13 section (f) that are entered into with respect to each
14 health profession;

15 “(4) the amount of loan payments made under
16 this section, in total and by health profession;

17 “(5) the number of scholarships that are pro-
18 vided under section 105 with respect to each health
19 profession;

20 “(6) the amount of scholarship grants provided
21 under section 105, in total and by health profession;

22 “(7) the number of providers of health care
23 that will be needed by Indian health programs, by
24 location and profession, during the 3 fiscal years be-
25 ginning after the date the report is filed; and

1 “(8) the measures the Secretary plans to take
2 to fill the health professional positions maintained
3 by the Service or by tribes or tribal organizations,
4 or urban Indian organization for which recruitment
5 or retention is difficult.

6 **“SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOV-**
7 **ERY FUND.**

8 “(a) Notwithstanding section 102 of this title, there
9 is established in the Treasury of the United States a fund
10 to be known as the Indian Health Scholarship and Loan
11 Repayment Recovery Fund (hereafter in this section re-
12 ferred to as the ‘LRRF’). The LRRF shall consist of such
13 amounts as may be collected from individuals under sec-
14 tions 105(b)(4)(A) and (B) and 110(1) for breach of con-
15 tract, such funds as may be appropriated to the LRRF,
16 and such interest earned on amounts in the LRRF, and
17 all amounts collected, appropriated, or earned relative to
18 the LRRF shall remain available until expended.

19 “(b)(1) Amounts in the LRRF may be expended by
20 the Secretary, subject to the provisions of section 102, to
21 make payments to the Service or to an Indian tribe or
22 tribal organization administering a health care program
23 pursuant to a funding agreement entered into under the
24 Indian Self-Determination and Education Assistance
25 Act—

1 “(A) to which a scholarship recipient under sec-
2 tion 105 or a loan repayment program participant
3 under section 110 has been assigned to meet the ob-
4 ligated service requirements pursuant to such sec-
5 tions; and

6 “(B) that has a need for a health professional
7 to provide health care services as a result of such re-
8 cipient or participant having breached the contract
9 entered into under section 105 or section 110.

10 “(2) An Indian tribe or tribal organization receiving
11 payments pursuant to paragraph (1) may expend the pay-
12 ments to provide scholarships or recruit and employ, di-
13 rectly or by contract, health professionals to provide health
14 care services.

15 “(c)(1) The Secretary of the Treasury shall invest
16 such amounts of the LRRF as the Secretary determines
17 are not required to meet current withdrawals from the
18 LRRF. Such investments may be made only in interest-
19 bearing obligations of the United States. For such pur-
20 pose, such obligations may be acquired on original issue
21 at the issue price, or by purchase of outstanding obliga-
22 tions at the market price.

23 “(2) Any obligation acquired by the LRRF may be
24 sold by the Secretary of the Treasury at the market price.

1 **“SEC. 112. RECRUITMENT ACTIVITIES.**

2 “(a) The Secretary may reimburse health profes-
3 sionals seeking positions with the Service, Indian tribes,
4 tribal organizations, or urban Indian organizations, in-
5 cluding unpaid student volunteers and individuals consid-
6 ering entering into a contract under section 110, and their
7 spouses, for actual and reasonable expenses incurred in
8 traveling to and from their places of residence to an area
9 in which they may be assigned for the purpose of evalu-
10 ating such area with respect to such assignment.

11 “(b) The Secretary shall assign one individual in each
12 Area Office to be responsible on a full-time basis for re-
13 cruitment activities.

14 **“SEC. 113. TRIBAL RECRUITMENT AND RETENTION PRO-**
15 **GRAM.**

16 “(a) Subject to section 102, the Secretary shall fund
17 innovative demonstration projects for a period not to ex-
18 ceed 3 years to enable Indian tribes, tribal organizations,
19 and urban Indian organizations to recruit, place, and re-
20 tain health professionals to meet the staffing needs of In-
21 dian health programs (as defined in section 110(a)(2)(A)).

22 “(b) Any Indian tribe, tribal organization, or urban
23 Indian organization may submit an application for funding
24 of a project pursuant to this section.

1 **“SEC. 114. ADVANCED TRAINING AND RESEARCH.**

2 “(a) The Secretary shall establish a demonstration
3 project to enable health professionals who have worked in
4 an Indian health program (as defined in section 110 for
5 a substantial period of time to pursue advanced training
6 or research areas of study for which the Secretary deter-
7 mines a need exists.

8 “(b) An individual who participates in a program
9 under subsection (a), where the educational costs are
10 borne by the Service, shall incur an obligation to serve
11 in an Indian health program for a period of obligated serv-
12 ice equal to at least the period of time during which the
13 individual participates in such program. In the event that
14 the individual fails to complete such obligated service, the
15 individual shall be liable to the United States for the pe-
16 riod of service remaining. In such event, with respect to
17 individuals entering the program after the date of the en-
18 actment of the Indian Health Care Improvement Act
19 Amendments of 2000, the United States shall be entitled
20 to recover from such individual an amount to be deter-
21 mined in accordance with the formula specified in sub-
22 section (l) of section 110 in the manner provided for in
23 such subsection.

24 “(c) Health professionals from Indian tribes and trib-
25 al organizations under the authority of the Indian Self-
26 Determination and Education Assistance Act, and urban

1 Indian organizations shall be given an equal opportunity
2 to participate in the program under subsection (a).

3 **“SEC. 115. QUENTIN B. BURDICK AMERICAN INDIANS INTO**
4 **NURSING PROGRAM.**

5 “(a) Notwithstanding section 102, the Secretary shall
6 provide grants to—

7 “(1) public or private schools of nursing,

8 “(2) tribally controlled community colleges and
9 tribally controlled postsecondary vocational institu-
10 tions (as defined in section 390(2) of the Tribally
11 Controlled Vocational Institutions Support Act of
12 1990 (20 U.S.C. 2397h(2)), and

13 “(3) nurse midwife programs, and advance
14 practice nurse programs, that are provided by any
15 tribal college accredited nursing program, in the ab-
16 sence of such, any other public or private institu-
17 tions,

18 for the purpose of increasing the number of nurses, nurse
19 midwives, and nurse practitioners who deliver health care
20 services to Indians.

21 “(b) Grants provided under subsection (a) may be
22 used to—

23 “(1) recruit individuals for programs which
24 train individuals to be nurses, nurse midwives, or
25 advanced practice nurses,

1 “(2) provide scholarships to Indian individuals
2 enrolled in such programs that may pay the tuition
3 charged for such program and other expenses in-
4 curred in connection with such program, including
5 books, fees, room and board, and stipends for living
6 expenses,

7 “(3) provide a program that encourages nurses,
8 nurse midwives, and advanced practice nurses to
9 provide, or continue to provide, health care services
10 to Indians,

11 “(4) provide a program that increases the skills
12 of, and provides continuing education to, nurses,
13 nurse midwives, and advanced practice nurses, or

14 “(5) provide any program that is designed to
15 achieve the purpose described in subsection (a).

16 “(c) Each application for funding under subsection
17 (a) shall include such information as the Secretary may
18 require to establish the connection between the program
19 of the applicant and a health care facility that primarily
20 serves Indians.

21 “(d) In providing grants under subsection (a), the
22 Secretary shall extend a preference to—

23 “(1) programs that provide a preference to In-
24 dians,

1 “(2) programs that train nurse midwives or ad-
2 vanced practice nurses,

3 “(3) programs that are interdisciplinary, and

4 “(4) programs that are conducted in coopera-
5 tion with a center for gifted and talented Indian stu-
6 dents established under section 5324(a) of the In-
7 dian Education Act of 1988.

8 “(e) The Secretary shall provide one of the grants
9 authorized under subsection (a) to establish and maintain
10 a program at the University of North Dakota to be known
11 as the ‘Quentin N. Burdick American Indians Into Nurs-
12 ing Program’. Such program shall, to the maximum extent
13 feasible, coordinate with the Quentin N. Burdick Indian
14 Health Programs established under section 117(b) and the
15 Quentin N. Burdick American Indians Into Psychology
16 Program established under section 106(b).

17 “(f) The active duty service obligation prescribed
18 under section 338C of the Public Health Service Act (42
19 U.S.C. 254m) shall be met by each individual who receives
20 training or assistance described in paragraph (1) or (2)
21 of subsection (b) that is funded by a grant provided under
22 subsection (a). Such obligation shall be met by service—

23 “(A) in the Indian Health Service;

1 “(B) in a program conducted under a contract
2 entered into under the Indian Self-Determination
3 Act;

4 “(C) in a program assisted under title V of this
5 Act; or

6 “(D) in the private practice of nursing if, as de-
7 termined by the Secretary, in accordance with guide-
8 lines promulgated by the Secretary, such practice is
9 situated in a physician or other health professional
10 shortage area and addresses the health care needs of
11 a substantial number of Indians.

12 **“SEC. 116. TRIBAL CULTURAL ORIENTATION.**

13 “(a) The Secretary, pursuant to the requirements of
14 section 102, shall require that appropriate employees of
15 the Service who serve Indian tribes in each service area
16 receive educational instruction in the history and culture
17 of such Tribes and their relationship to the Service.

18 “(b) To the extent feasible, the program established
19 under subsection (a) shall—

20 “(1) be developed in consultation with the af-
21 fected tribal governments, tribal organizations, and
22 urban Indian organizations,

23 “(2) be carried out through tribally controlled
24 community colleges (within the meaning of section
25 2(4) of the Tribally Controlled Community College

1 Assistance Act of 1978) and tribally controlled post-
2 secondary vocational institutions (as defined in sec-
3 tion 390(2) of the Tribally Controlled Vocational In-
4 stitutions Support Act of 1990 (20 U.S.C.
5 2397h(2)),

6 “(3) include instruction in American Indian
7 studies, and

8 “(4) the use and place of traditional health care
9 practices in the tribe.

10 **“SEC. 117. INMED PROGRAM.**

11 “(a) The Secretary is authorized to provide grants
12 to colleges and universities for the purpose of maintaining
13 and expanding the Native American health careers recruit-
14 ment program known as the ‘Indians into Medicine Pro-
15 gram’ (hereinafter in this section referred to as ‘INMED’)
16 as a means of encouraging Indians to enter the health pro-
17 fessions.

18 “(b) The Secretary shall provide one of the grants
19 authorized under subsection (a) to maintain the INMED
20 program at the University of North Dakota, to be known
21 as the ‘Quentin N. Burdick Indian Health Programs’, un-
22 less the Secretary makes a determination, based upon pro-
23 gram reviews, that the program is not meeting the pur-
24 poses of this section. Such program shall, to the maximum
25 extent feasible, coordinate with the Quentin N. Burdick

1 American Indians Into Psychology Program established
2 under section 106(b) and the Quentin N. Burdick Amer-
3 ican Indians Into Nursing Program established under sec-
4 tion 115.

5 “(c)(1) The Secretary, pursuant to this Act, shall de-
6 velop regulations to govern grants pursuant to this sec-
7 tion.

8 “(2) Applicants for grants provided under this section
9 shall agree to provide a program which—

10 “(A) provides outreach and recruitment for
11 health professions to Indian communities including
12 elementary, secondary, and community colleges lo-
13 cated on Indian reservations which will be served by
14 the program,

15 “(B) incorporates a program advisory board
16 comprised of representatives from the tribes and
17 communities which will be served by the program,

18 “(C) provides summer preparatory programs
19 for Indian students who need enrichment in the sub-
20 jects of math and science in order to pursue training
21 in the health professions,

22 “(D) provides tutoring, counseling, and support
23 to students who are enrolled in a health career pro-
24 gram of study at the respective college or university,
25 and

1 “(E) to the maximum extent feasible, employs
2 qualified Indians in the program.

3 **“SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY**
4 **COLLEGES.**

5 “(a)(1) Subject to the requirements of section 102,
6 the Secretary shall award grants to accredited and acces-
7 sible community colleges for the purpose of assisting such
8 community colleges in the establishment of programs
9 which provide education in a health profession leading to
10 a degree or diploma in a health profession for individuals
11 who desire to practice such profession on an Indian res-
12 ervation, in the Service, or in a tribal health program.

13 “(2) The amount of any grant awarded to a commu-
14 nity college under paragraph (1) for the first year in which
15 such a grant is provided to the community college shall
16 not exceed \$100,000.

17 “(b)(1) The Secretary shall award grants to accred-
18 ited and accessible community colleges that have estab-
19 lished a program described in subsection (a)(1) for the
20 purpose of maintaining the program and recruiting stu-
21 dents for the program.

22 “(2) Grants may only be made under this section to
23 a community college which—

24 “(A) is accredited,

1 “(B) has a relationship with a hospital facility,
2 Service facility, or hospital that could provide train-
3 ing of nurses or health professionals,

4 “(C) has entered into an agreement with an ac-
5 credited college or university medical school, the
6 terms of which—

7 “(i) provide a program that enhances the
8 transition and recruitment of students into ad-
9 vanced baccalaureate or graduate programs
10 which train health professionals, and

11 “(ii) stipulate certifications necessary to
12 approve internship and field placement opportu-
13 nities at health programs of the Service or trib-
14 al health programs,

15 “(D) has a qualified staff which has the appro-
16 priate certifications,

17 “(E) is capable of obtaining State or regional
18 accreditation of the program described in subsection
19 (a)(1), and

20 “(F) agrees to provide for Indian preference for
21 applicants for programs under this section.

22 “(c) The Secretary shall encourage community col-
23 leges described in subsection (b)(2) to establish and main-
24 tain programs described in subsection (a)(1) by—

1 “(1) entering into agreements with such col-
2 leges for the provision of qualified personnel of the
3 Service to teach courses of study in such programs,
4 and

5 “(2) providing technical assistance and support
6 to such colleges.

7 “(d) Any program receiving assistance under this sec-
8 tion that is conducted with respect to a health profession
9 shall also offer courses of study which provide advanced
10 training for any health professional who—

11 “(1) has already received a degree or diploma
12 in such health profession, and

13 “(2) provides clinical services on an Indian res-
14 ervation, at a Service facility, or at a tribal clinic.
15 Such courses of study may be offered in conjunction with
16 the college or university with which the community college
17 has entered into the agreement required under subsection
18 (b)(2)(C).

19 “(e) For purposes of this section:

20 “(1) The term ‘community college’ means—

21 “(A) a tribally controlled college, or

22 “(B) a junior or community college.

23 “(2) The term ‘tribally controlled college’ has
24 the meaning given to ‘tribally controlled community

1 college' by section 2(4) of the Tribally Controlled
2 Community College Assistance Act of 1978.

3 “(3) The term ‘junior or community college’
4 has the meaning given to such term by section
5 312(e) of the Higher Education Act of 1965 (20
6 U.S.C. 1058(e)).

7 “(4) Where the requirements of subsection (b)
8 are met, funding priority shall be provided to tribally
9 controlled colleges in service areas where they exist.

10 **“SEC. 119. RETENTION BONUS.**

11 “(a) The Secretary may pay a retention bonus to any
12 health professional employed by, or assigned to, and serv-
13 ing in, the Service and Indian tribes, tribal organizations,
14 or urban Indian organizations either as a civilian employee
15 or as a commissioned officer in the Regular or Reserve
16 Corps of the Public Health Service who—

17 “(1) is assigned to, and serving in, a position
18 for which recruitment or retention of personnel is
19 difficult,

20 “(2) the Secretary determines is needed by the
21 Service, tribes, tribal organizations, and urban In-
22 dian organizations,

23 “(3) has—

1 “(A) completed 3 years of employment
2 with the Service, or Indian tribe, or tribal orga-
3 nization, or urban Indian organization, or

4 “(B) completed any service obligations in-
5 curred as a requirement of—

6 “(i) any Federal scholarship program,
7 or

8 “(ii) any Federal education loan re-
9 payment program, and

10 “(4) enters into an agreement with the Service,
11 or Indian tribe, or tribal organization, or urban In-
12 dian organization for continued employment for a
13 period of not less than 1 year.

14 “(b) The Secretary may establish rates for the reten-
15 tion bonus which shall provide for a higher annual rate
16 for multiyear agreements than for single year agreements
17 referred to in subsection (a)(4), but in no event shall the
18 annual rate be more than \$25,000 per annum.

19 “(c) Any health professional failing to complete the
20 agreed upon term of service, except where such failure is
21 through no fault of the individual, shall be obligated to
22 refund to the Government the full amount of the retention
23 bonus for the period covered by the agreement, plus inter-
24 est as determined by the Secretary in accordance with sec-
25 tion 110(l)(2)(B).

1 “(d) The Secretary may pay a retention bonus to any
2 health professional employed by an organization providing
3 health care services to Indians pursuant to a funding
4 agreement under the Indian Self-Determination and Edu-
5 cation Assistance Act if such health professional is serving
6 in a position which the Secretary determines is—

7 “(1) a position for which recruitment or reten-
8 tion is difficult; and

9 “(2) necessary for providing health care services
10 to Indians.

11 **“SEC. 120. NURSING RESIDENCY PROGRAM.**

12 “(a) The Secretary shall establish a program to en-
13 able Indians who are licensed practical nurses, licensed vo-
14 cational nurses, and registered nurses who are working in
15 an Indian health program (as defined in section
16 110(a)(2)(A)), and have done so for a period of not less
17 than one year, to pursue advanced training.

18 “(b) Such program shall include a combination of
19 education and work study in an Indian health program
20 (as defined in section 110(a)(2)(A)) leading to an asso-
21 ciate or bachelor’s degree (in the case of a licensed prac-
22 tical nurse or licensed vocational nurse) or a bachelor’s
23 degree (in the case of a registered nurse), or advanced
24 degrees in nursing and public health.

1 “(c) An individual who participates in a program
2 under subsection (a), where the educational costs are paid
3 by the Service, shall incur an obligation to serve in an
4 Indian health program for a period of obligated service
5 equal to the amount of time during which the individual
6 participates in such program. In the event that the indi-
7 vidual fails to complete such obligated service, the United
8 States shall be entitled to recover from such individual an
9 amount determined in accordance with the formula speci-
10 fied in subsection (l) of section 110 in the manner pro-
11 vided for in such subsection.

12 **“SEC. 121. COMMUNITY HEALTH AIDE PROGRAM FOR**
13 **ALASKA.**

14 “(a) Under the authority of the Act of November 2,
15 1921 (25 U.S.C. 13; popularly known as the Snyder Act),
16 the Secretary shall maintain a Community Health Aide
17 Program in Alaska under which the Service—

18 “(1) provides for the training of Alaska Natives
19 as health aides or community health practitioners;

20 “(2) uses such aides or practitioners in the pro-
21 vision of health care, health promotion, and disease
22 prevention services to Alaska Natives living in vil-
23 lages in rural Alaska; and

24 “(3) provides for the establishment of tele-
25 conferencing capacity in health clinics located in or

1 near such villages for use by community health aides
2 or community health practitioners.

3 “(b) The Secretary, acting through the Community
4 Health Aide Program of the Service, shall—

5 “(1) using trainers accredited by the Program,
6 provide a high standard of training to community
7 health aides and community health practitioners to
8 ensure that such aides and practitioners provide
9 quality health care, health promotion, and disease
10 prevention services to the villages served by the Pro-
11 gram;

12 “(2) in order to provide such training, develop
13 a curriculum that—

14 “(A) combines education in the theory of
15 health care with supervised practical experience
16 in the provision of health care;

17 “(B) provides instruction and practical ex-
18 perience in the provision of acute care, emer-
19 gency care, health promotion, disease preven-
20 tion, and the efficient and effective manage-
21 ment of clinic pharmacies, supplies, equipment,
22 and facilities; and

23 “(C) promotes the achievement of the
24 health status objectives specified in section
25 3(b);

1 “(3) establish and maintain a Community
2 Health Aide Certification Board to certify as com-
3 munity health aides or community health practi-
4 tioners individuals who have successfully completed
5 the training described in paragraph (1) or can dem-
6 onstrate equivalent experience;

7 “(4) develop and maintain a system which iden-
8 tifies the needs of community health aides and com-
9 munity health practitioners for continuing education
10 in the provision of health care, including the areas
11 described in paragraph (2)(B), and develop pro-
12 grams that meet the needs for such continuing edu-
13 cation;

14 “(5) develop and maintain a system that pro-
15 vides close supervision of community health aides
16 and community health practitioners; and

17 “(6) develop a system under which the work of
18 community health aides and community health prac-
19 titioners is reviewed and evaluated to assure the pro-
20 vision of quality health care, health promotion, and
21 disease prevention services.

22 “(c) Subject to section 102, the Secretary shall de-
23 velop and operate a National Community Health Aide
24 Program based on the elements contained in this section.

1 **“SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.**

2 “Subject to section 102, the Secretary shall, by fund-
3 ing agreement or otherwise, provide training for Indians
4 in the administration and planning of tribal health pro-
5 grams.

6 **“SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE**
7 **DEMONSTRATION PROJECT.**

8 “(a) Subject to section 102, the Secretary may fund
9 pilot programs for tribes and tribal organizations to ad-
10 dress the chronic shortages of health professionals.

11 “(b) The purposes of the health profession dem-
12 onstration program established herein are—

13 “(1) to provide direct clinical and practical ex-
14 perience at a service unit to health profession stu-
15 dents and residents from medical schools;

16 “(2) to improve the quality of health care for
17 Indians by assuring access to qualified health care
18 professionals; and

19 “(3) to provide academic and scholarly opportu-
20 nities for health professionals serving Indian people
21 by identifying and using all academic and scholarly
22 resources of the region.

23 “(c) The demonstration programs established pursu-
24 ant to subsection (a) shall incorporate a program advisory
25 board composed of representatives from the tribes and

1 communities in the area which will be served by the pro-
2 gram.

3 **“SEC. 124. TREATMENT OF SCHOLARSHIPS FOR CERTAIN**
4 **PURPOSES.**

5 “Scholarships provided to individuals pursuant to
6 this title shall be deemed ‘qualified Scholarships’ for pur-
7 poses of section 117 of the Internal Revenue Code of
8 1986.

9 **“SEC. 125. NATIONAL HEALTH SERVICE CORPS.**

10 “(a) The Secretary shall not—

11 “(1) remove a member of the National Health
12 Service Corps from a health program operated by
13 the Indian Health Service or by a tribe or tribal or-
14 ganization under funding agreement with the Service
15 under the Indian Self-Determination and Education
16 Assistance Act, or by urban Indian organizations, or

17 “(2) withdraw funding used to support such
18 member,

19 unless the Secretary, acting through the Service, tribes,
20 or tribal organizations, has ensured that the Indians re-
21 ceiving services from such member will experience no re-
22 duction in services.

23 “(b) All service areas served by programs operated
24 by the Service or by tribes or tribal organizations under
25 the Indian Self-Determination and Education Assistance

1 Act or by urban Indian organizations shall be designated
2 under 42 U.S.C. 254c(a) as Health Professional Shortage
3 areas.

4 “(c) National Health Service Corps scholars quali-
5 fying for the Commissioned Corps in the United States
6 Public Health Service shall be exempt from the full-time
7 equivalent limitations of the National Health Service
8 Corps and the Service when serving as a commissioned
9 corps officer in a health program operated by an Indian
10 tribe or tribal organization under the Indian Self-Deter-
11 mination and Education Assistance Act or by urban In-
12 dian organizations.

13 **“SEC. 126. SUBSTANCE ABUSE COUNSELOR EDUCATION**
14 **DEMONSTRATION PROJECT.**

15 “(a) The Secretary may enter into contracts with, or
16 make grants to, accredited tribally controlled community
17 colleges, tribally controlled postsecondary vocational insti-
18 tutions, and eligible accredited and accessible community
19 colleges to establish demonstration projects to develop
20 educational curricula for substance abuse counseling.

21 “(b) Funds provided under this section shall be used
22 only for developing and providing educational curriculum
23 for substance abuse counseling (including paying salaries
24 for instructors). Such curricula may be provided through
25 satellite campus programs.

1 “(c) A contract entered into or a grant provided
2 under this section shall be for a period of one year. Such
3 contract or grant may be renewed for an additional one-
4 year period upon the approval of the Secretary.

5 “(d) Not later than 180 days after the date of the
6 enactment of this section, the Secretary, after consultation
7 with Indian tribes and administrators of accredited trib-
8 ally controlled community colleges, tribally controlled post-
9 secondary vocational institutions, and eligible accredited
10 and accessible community colleges, shall develop and issue
11 criteria for the review and approval of applications for
12 funding (including applications for renewals of funding)
13 under this section. Such criteria shall ensure that dem-
14 onstration projects established under this section promote
15 the development of the capacity of such entities to educate
16 substance abuse counselors.

17 “(e) The Secretary shall provide such technical and
18 other assistance as may be necessary to enable grant re-
19 cipients to comply with the provisions of this section.

20 “(f) The Secretary shall submit to the President, for
21 inclusion in the report which is required to be submitted
22 under section 801 for fiscal year 1999, a report on the
23 findings and conclusions derived from the demonstration
24 projects conducted under this section.

1 “(g) For the purposes of this section, the following
2 definitions apply:

3 “(1) The term ‘educational curriculum’ means
4 one or more of the following:

5 “(A) Classroom education.

6 “(B) Clinical work experience.

7 “(C) Continuing education workshops.

8 “(2) The term ‘tribally controlled postsecondary
9 vocational institution’ has the meaning given such
10 term in section 390(2) of the Tribally Controlled Vo-
11 cational Institutions Support Act of 1990 (20 U.S.C.
12 2397h(2)).

13 **“SEC. 127. MENTAL HEALTH TRAINING AND COMMUNITY**
14 **EDUCATION PROGRAMS.**

15 “(a)(1) The Secretary and the Secretary of the Inte-
16 rior, in consultation with Indian tribes and tribal organi-
17 zations, shall conduct a study and compile a list of the
18 types of staff positions specified in subsection (b) whose
19 qualifications include, or should include, training in the
20 identification, prevention, education, referral, or treatment
21 of mental illness, or dysfunctional and self-destructive be-
22 havior.

23 “(2) The positions referred to in subsection (a) are—

1 “(A) staff positions within the Bureau of In-
2 dian Affairs, including existing positions, in the
3 fields of—

4 “(i) elementary and secondary education;

5 “(ii) social services and family and child
6 welfare;

7 “(iii) law enforcement and judicial services;
8 and

9 “(iv) alcohol and substance abuse;

10 “(B) staff positions within the Service; and

11 “(C) staff positions similar to those identified
12 in subsection (b) established and maintained by In-
13 dian tribes, tribal organizations, and urban Indian
14 organizations, including positions established pursu-
15 ant to funding agreements pursuant to the Indian
16 Self-Determination and Education Assistance Act,
17 and this Act.

18 “(3) The appropriate Secretary shall provide training
19 criteria appropriate to each type of position identified in
20 subsection (b)(1) and ensure that appropriate training has
21 been, or shall be provided to any individual in any such
22 position. With respect to any such individual in a position
23 identified pursuant to subsection (b)(3), the respective
24 Secretaries shall provide appropriate training to, or pro-
25 vide funds to an Indian tribe, tribal organization, or urban

1 Indian organization for training of appropriate individ-
2 uals. In the case of a funding agreement, the appropriate
3 Secretary shall ensure that such training costs are in-
4 cluded in the funding agreement, if necessary.

5 “(4) Position-specific training criteria shall be cul-
6 turally relevant to Indians and Indian tribes and shall en-
7 sure that appropriate information regarding traditional
8 health care practices is provided.

9 “(5) The Service shall develop and implement, or on
10 request of an Indian tribe or tribal organization, assist
11 an Indian tribe or tribal organization, to develop and im-
12 plement, a program of community education on mental ill-
13 ness. In carrying out this subsection, the Service shall,
14 upon request of an Indian tribe or tribal organization, pro-
15 vide technical assistance to an Indian tribe or tribal orga-
16 nization to obtain and develop community educational ma-
17 terials on the identification, technical assistance to the In-
18 dian tribe or tribal organization to obtain or develop mate-
19 rials on the identification, prevention, referral, and treat-
20 ment of mental illness, dysfunctional, and self-destructive
21 behavior.

22 “(b)(1) Within 90 days after the date of the enact-
23 ment of the Indian Health Care Improvement Act Amend-
24 ments of 2000, the Secretary shall develop a plan under
25 which the Service will increase the health care staff pro-

1 viding mental health services by at least 500 positions
 2 within 5 years after the date of enactment of this section,
 3 with at least 200 of such positions devoted to child, adoles-
 4 cent, and family services. The allocation of such positions
 5 shall be subject to the provisions of section 102(a).

6 “(2) The plan developed under paragraph (1) shall
 7 be implemented under the Act of November 2, 1921 (25
 8 U.S.C. 13), popularly known as the Snyder Act.

9 **“SEC. 128. AUTHORIZATION OF APPROPRIATIONS.**

10 “There are authorized to be appropriated such sums
 11 as may be necessary for each fiscal year through fiscal
 12 year 2012 to carry out this title.

13 **“TITLE II—HEALTH SERVICES**

14 **“SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.**

15 “(a) The Secretary is authorized to expend funds, di-
 16 rectly or under the authority of the Indian Self-Deter-
 17 mination and Education Assistance Act, which are appro-
 18 priated under the authority of this section, for the purpose
 19 of—

20 “(1) eliminating the deficiencies in health sta-
 21 tus and resources of all Indian tribes,

22 “(2) eliminating backlogs in the provision of
 23 health care services to Indians,

24 “(3) meeting the health needs of Indians in an
 25 efficient and equitable manner,

1 “(4) eliminating inequities in funding for both
2 direct care and contract health service programs,
3 and

4 “(5) augmenting the ability of the Service to
5 meet the following health service responsibilities,
6 with respect to those Indian tribes with the highest
7 levels of health status deficiencies and resource defi-
8 ciencies:

9 “(A) Clinical care, including, but not lim-
10 ited to, inpatient care, outpatient care (includ-
11 ing audiology, clinical eye and vision care), pri-
12 mary care, secondary and tertiary care, and
13 long-term care.

14 “(B) Preventive health, including mam-
15 mography and other cancer screening in accord-
16 ance with section 207.

17 “(C) Dental care.

18 “(D) Mental Health, including community
19 mental health services, inpatient mental health
20 services, dormitory mental health services,
21 therapeutic and residential treatment centers,
22 and training of traditional health care practi-
23 tioners.

24 “(E) Emergency medical services.

1 “(F) Treatment and control of, and reha-
2 bilitative care related to, alcoholism and drug
3 abuse (including fetal alcohol syndrome) among
4 Indians.

5 “(G) Accident prevention programs.

6 “(H) Home health care.

7 “(I) Community health representatives.

8 “(J) Maintenance and repair.

9 “(K) Traditional health care practices.

10 “(b)(1) Any funds appropriated under the authority
11 of this section shall not be used to offset or limit any other
12 appropriations made to the Service under this Act or the
13 Act of November 2, 1921 (25 U.S.C. 13), popularly known
14 as the Snyder Act, or any other provision of law.

15 “(2)(A) Funds appropriated under the authority of
16 this section shall be allocated to service units or Indian
17 tribes or tribal organizations. The funds allocated to each
18 Tribe, tribal organization, or service unit under this sub-
19 paragraph shall be used by the Tribe, tribal organization,
20 or service unit under this subparagraph to improve the
21 health status and reduce the resource deficiency of each
22 Tribe served by such service unit, Tribe, or tribal organi-
23 zation.

24 “(B) The apportionment of funds allocated to a serv-
25 ice unit, Tribe, or tribal organization under subparagraph

1 (A) among the health service responsibilities described in
2 subsection (a)(4) shall be determined by the Service in
3 consultation with, and with the active participation of, the
4 affected Indian tribes in accordance with the provisions
5 of this section and such rulemaking as is permitted under
6 title VIII of this Act.

7 “(c) For purposes of this section:

8 “(1) The term ‘health status and resource defi-
9 ciency’ means the extent to which—

10 “(A) the health status objectives set forth
11 in section 3(b) are not being achieved; and

12 “(B) the Indian tribe or tribal organization
13 does not have available to it the health re-
14 sources it needs, taking into account the actual
15 cost of providing health care services given local
16 geographic, climatic, rural, or other cir-
17 cumstances.

18 “(2) The health resources available to an In-
19 dian tribe or tribal organization include health re-
20 sources provided by the Service as well as health re-
21 sources used by the Indian tribe or tribal organiza-
22 tion, including services and financing systems pro-
23 vided by any Federal programs, private insurance,
24 and programs of State or local governments.

1 “(3) The Secretary shall establish procedures
2 which allow any Indian tribe or tribal organization
3 to petition the Secretary for a review of any deter-
4 mination of the extent of the health status and re-
5 source deficiency of such Tribe or tribal organiza-
6 tion.

7 “(d) Programs administered by any Indian tribe or
8 tribal organization under the authority of the Indian Self-
9 Determination and Education Assistance Act shall be eli-
10 gible for funds appropriated under the authority of this
11 section on an equal basis with programs that are adminis-
12 tered directly by the Service.

13 “(e) By no later than the date that is 3 years after
14 the date of enactment of the Indian Health Care Improve-
15 ment Act of 2000, the Secretary shall submit to the Con-
16 gress the current health status and resource deficiency re-
17 port of the Service for each Indian tribe or service unit,
18 including newly recognized or acknowledged Indian tribes.
19 Such report shall set out—

20 “(1) the methodology then in use by the Service
21 for determining tribal health status and resource de-
22 ficiencies, as well as the most recent application of
23 that methodology;

1 “(2) the extent of the health status and re-
2 source deficiency of each Indian tribe served by the
3 Service;

4 “(3) the amount of funds necessary to eliminate
5 the health status and resource deficiencies of all In-
6 dian tribes served by the Service; and

7 “(4) an estimate of—

8 “(A) the amount of health service funds
9 appropriated under the authority of this Act, or
10 any other Act, including the amount of any
11 funds transferred to the Service, for the pre-
12 ceding fiscal year which is allocated to each
13 service unit, Indian tribe, or comparable entity;

14 “(B) the number of Indians eligible for
15 health services in each service unit or Indian
16 tribe or tribal organization; and

17 “(C) the number of Indians using the
18 Service resources made available to each service
19 unit or Indian tribe or tribal organization, and,
20 to the extent available, information on the wait-
21 ing lists and number of Indians turned away for
22 services due to lack of resources.

23 “(f) Funds appropriated under this section for any
24 fiscal year shall be included in the base budget of the Serv-

1 ice for the purpose of determining appropriations under
2 this section in subsequent fiscal years.

3 “(g) Nothing in this section is intended to diminish
4 the primary responsibility of the Service to eliminate exist-
5 ing backlogs in unmet health care needs, nor are the provi-
6 sions of this section intended to discourage the Service
7 from undertaking additional efforts to achieve equity
8 among Indian tribes and tribal organizations.

9 “(h) Any funds appropriated under the authority of
10 this section shall be designated as the ‘Indian Health Care
11 Improvement Fund’.

12 **“SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND.**

13 “(a)(1) There is hereby established an Indian Cata-
14 strophic Health Emergency Fund (hereafter in this sec-
15 tion referred to as the ‘CHEF’) consisting of—

16 “(A) the amounts deposited under subsection
17 (d), and

18 “(B) the amounts appropriated under sub-
19 section (e) to CHEF under this section.

20 “(2) CHEF shall be administered by the Secretary,
21 solely for the purpose of meeting the extraordinary med-
22 ical costs associated with the treatment of victims of disas-
23 ters or catastrophic illnesses who are within the responsi-
24 bility of the Service.

1 “(3) CHEF shall be equitably allocated, apportioned,
2 or delegated on a service unit or Area Office basis, based
3 upon a formula developed in consultation with the Indian
4 tribes and tribal organizations through negotiated rule-
5 making under title VIII of this Act, which formula shall
6 take into account the added needs of service areas which
7 are contract health-service dependent.

8 “(4) No part of CHEF or its administration shall be
9 subject to contract or grant under any law, including the
10 Indian Self-Determination Act, and shall be administered
11 by the Area Offices based upon priorities determined by
12 the Indian tribes and tribal organizations within each Area
13 including consideration of the needs of Indian tribes and
14 tribal organizations which are contract health service-de-
15 pendent.

16 “(b) The Secretary shall, through the negotiated rule-
17 making process under title VIII of this Act, promulgate
18 regulations consistent with the provisions of this section—

19 “(1) establish a definition of disasters and cata-
20 strophic illnesses for which the cost of the treatment
21 provided under contract would qualify for payment
22 from the Fund;

23 “(2) provide that a service unit, Indian tribe, or
24 tribal organization shall not be eligible for reim-
25 bursement for the cost of treatment from CHEF

1 until its cost of treating any victim of such cata-
2 strophic illness or disaster has reached a certain
3 threshold cost which the Secretary shall establish
4 at—

5 “(A) the 1999 level of \$19,000; and

6 “(B) for any subsequent year, not less
7 than the threshold cost of the previous year in-
8 creased by the percentage increase in the med-
9 ical care expenditure category of the consumer
10 price index for all urban consumers (United
11 States city average) for the 12-month period
12 ending with December of the previous year; and

13 “(3) establish a procedure for the reimburse-
14 ment of the portion of the costs incurred by—

15 “(A) service units, Indian tribes or tribal
16 organizations, or facilities of the Service, or

17 “(B) whenever otherwise authorized by the
18 Service, non-Service facilities or providers,
19 in rendering treatment that exceeds such threshold
20 cost;

21 “(4) establish a procedure for payment from
22 CHEF in cases in which the exigencies of the med-
23 ical circumstances warrant treatment prior to the
24 authorization of such treatment by the Service; and

“(d) There shall be deposited into CHEF all reimbursements to which the Service is entitled from any Federal, State, local, or private source (including third-party insurance) by reason of treatment rendered to any victim of a disaster or catastrophic illness the cost of which was paid from CHEF.

20 “(a) The Congress finds that health promotion and
21 disease prevention activities will—

24 “(2) reduce the expenses for health care of In-
25 dians.

1 “(b) The Secretary, acting through the Service, and
2 through willing Indian tribes and tribal organizations,
3 shall provide health promotion and disease prevention
4 services to Indians so as to achieve the health status objec-
5 tives set forth in section 3(b).

6 “(c) The Secretary, after obtaining input from the
7 affected Indian tribes and tribal organizations, shall sub-
8 mit to the President for inclusion in each statement which
9 is required to be submitted to the Congress under section
10 801 an evaluation of—

11 “(1) the health promotion and disease preven-
12 tion needs of Indians;

13 “(2) the health promotion and disease preven-
14 tion activities which would best meet such needs;

15 “(3) the internal capacity of the Service to meet
16 such needs; and

17 “(4) the resources which would be required to
18 enable the Service to undertake the health promotion
19 and disease prevention activities necessary to meet
20 such needs.

21 **“SEC. 204. DIABETES PREVENTION, TREATMENT, AND CON-**
22 **TROL.**

23 “(a) The Secretary, in consultation with the Indian
24 tribes and tribal organizations, shall determine—

1 “(1) by tribe, tribal organization, and by Serv-
2 ice unit of the Service, the incidence of, and the
3 types of complications resulting from, diabetes
4 among Indians; and

5 “(2) based on paragraph (1), the measures (in-
6 cluding patient education) each Service unit should
7 take to reduce the incidence of, and prevent, treat,
8 and control the complications resulting from, diabe-
9 tes among Indian tribes within that Service unit.

10 “(b) The Secretary shall screen each Indian who re-
11 ceives services from the Service for diabetes and for condi-
12 tions which indicate a high risk that the individual will
13 become diabetic. Such screening may be done by a tribe
14 or tribal organization operating health care programs or
15 facilities with funds from the Service under the Indian
16 Self-Determination and Education Assistance Act.

17 “(c) The Secretary shall continue to fund through fis-
18 cal year 2012 each model diabetes project in existence on
19 the date of the enactment of the Indian Health Amend-
20 ments of 2000 and any such other diabetes programs op-
21 erated by the Secretary or Indian tribes and tribal organi-
22 zations and any additional programs added to meet exist-
23 ing needs. Indian tribes and tribal organizations shall re-
24 ceive recurring funding for the diabetes programs which
25 they operate pursuant to this section.

1 “(d) The Secretary shall provide funding through the
2 Service, Indian tribes, and tribal organizations to establish
3 dialysis programs, including funding to purchase dialysis
4 equipment and provide necessary staffing.

5 “(e) The Secretary shall, to the extent funding is
6 available—

7 “(1) in each Area Office of the Service, consult
8 with Indian tribes and tribal organizations regarding
9 programs for the prevention, treatment, and control
10 of diabetes;

11 “(2) establish in each Area Office of the Service
12 a registry of patients with diabetes to track the inci-
13 dence of diabetes and the complications from diabe-
14 tes in that area; and

15 “(3) ensure that data collected in each Area Of-
16 fice regarding diabetes and related complications
17 among Indians is disseminated to all other Area Of-
18 fices.

19 **“SEC. 205. SHARED SERVICES.**

20 “(a) The Secretary is authorized to enter into fund-
21 ing agreements or other arrangements with Indian tribes
22 or tribal organizations for the delivery of long-term care
23 and similar services to Indians. Such projects shall provide
24 for the sharing of staff or other services between a Service
25 or tribal facility and a long-term care or other similar fa-

1 cility owned and operated (directly or through funding
2 agreement) by such Indian tribe or tribal organization.

3 “(b) A funding agreement or other arrangement en-
4 tered into pursuant to subsection (a)—

5 “(1) may, at the request of the Indian tribe or
6 tribal organization, delegate to such tribe or tribal
7 organization such powers of supervision and control
8 over Service employees as the Secretary deems nec-
9 essary to carry out the purposes of this section;

10 “(2) shall provide that expenses (including sala-
11 ries) relating to services that are shared between the
12 Service and the tribal facility be allocated propor-
13 tionately between the Service and the tribe or tribal
14 organization; and

15 “(3) may authorize such tribe or tribal organi-
16 zation to construct, renovate, or expand a long-term
17 care or other similar facility (including the construc-
18 tion of a facility attached to a Service facility).

19 “(c) The Secretary shall provide such technical and
20 other assistance as may be necessary to enable applicants
21 to comply with the provisions of this section.

22 “(d) The Secretary shall encourage the use for long-
23 term or similar care of existing facilities that are
24 underused or allow the use of swing beds for such pur-
25 poses.

1 **“SEC. 206. HEALTH SERVICES RESEARCH.**

2 “The Secretary shall make funding available for re-
3 search to further the performance of the health service re-
4 sponsibilities of the Service, Indian tribes, and tribal orga-
5 nizations and shall coordinate the activities of other agen-
6 cies within the Department of Health and Human Services
7 to address these research needs. The funding shall be di-
8 vided equitably among the Area Offices and then each
9 Area Office shall award the funds competitively within
10 that Area. Indian tribes and tribal organizations receiving
11 funding from the Service under the authority of the Indian
12 Self-Determination and Education Assistance Act shall be
13 given an equal opportunity to compete for, and receive,
14 research funds under this section. This funding may be
15 used for both clinical and nonclinical research by Indian
16 tribes and tribal organizations and shall be distributed to
17 the Area Offices which may make grants from these funds
18 within each Area.

19 **“SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREEN-**
20 **ING.**

21 “The Secretary, through the Service or through In-
22 dian tribes or tribal organizations, shall provide for screen-
23 ing, as follows:

24 “(1) Mammography (as defined in section
25 1861(jj) of the Social Security Act) for Indian
26 women at a frequency appropriate to such women

1 under national standards, and under such terms and
2 conditions as are consistent with standards estab-
3 lished by the Secretary to ensure the safety and ac-
4 curacy of screening mammography under part B of
5 title XVIII of the Social Security Act.

6 “(2) Other cancer screening meeting national
7 standards.

8 **“SEC. 208. PATIENT TRAVEL COSTS.**

9 “The Secretary, acting through the Service and will-
10 ing Indian tribes and tribal organizations, shall provide
11 funds for the following patient travel costs, including ap-
12 propriate and necessary qualified escorts, associated with
13 receiving health care services provided (either through di-
14 rect or contract care or through funding agreements en-
15 tered into pursuant to the Indian Self-Determination and
16 Education Assistance Act) under this Act—

17 “(1) emergency air transportation non-
18 emergency air transportation where ground trans-
19 portation is infeasible;

20 “(2) transportation by private vehicle, specially
21 equipped vehicle and ambulance; and

22 “(3) transportation by such other means as
23 may be available and required when air or motor ve-
24 hicle transportation is not available.

1 **“SEC. 209. EPIDEMIOLOGY CENTERS.**

2 “(a)(1) In addition to those centers already estab-
3 lished at the time of enactment of this Act (including those
4 for which funding is currently being provided in funding
5 agreements under the Indian Self-Determination and
6 Education Assistance Act), within 180 days of enactment
7 of the Indian Health Care Improvement Act Amendments
8 of 2000, the Secretary shall establish and fund an epide-
9 miology center in each service area which does not yet
10 have one to carry out the functions described in paragraph
11 (2). Any new centers so established may be operated by
12 Indian tribes or tribal organizations pursuant to funding
13 agreements under the Indian Self-Determination and
14 Education Assistance Act, but such funding may not be
15 divisible.

16 “(2) In consultation with and upon the request of In-
17 dian tribes, tribal organizations, and urban Indian organi-
18 zations, each area epidemiology center established under
19 this subsection shall, with respect to such area carry out—

20 “(A) collect data relating to, and monitor
21 progress made toward meeting, each of the health
22 status objectives of the Indian Health Service, the
23 Indian tribes, tribal organizations, and urban Indian
24 organizations in the Area;

1 “(B) evaluate existing delivery systems, data
2 systems, and other systems that impact the improve-
3 ment of Indian health;

4 “(C) assist Indian tribes, tribal organizations,
5 and urban Indian organizations in identifying their
6 highest priority health status objectives and the
7 services needed to achieve such objectives, based on
8 epidemiological data;

9 “(D) make recommendations for the targeting
10 of services needed by tribal, urban, and other Indian
11 communities;

12 “(E) make recommendations to improve health
13 care delivery systems for Indians and urban Indians;

14 “(F) provide requested technical assistance to
15 Indian tribes and urban Indian organizations in the
16 development of local health service priorities and in-
17 cidence and prevalence rates of disease and other ill-
18 ness in the community; and

19 “(G) provide disease surveillance and assist In-
20 dian tribes, tribal organizations, and urban Indian
21 organizations to promote public health.

22 “(3) The Director of the Centers for Disease Control
23 and Prevention shall provide technical assistance to the
24 centers in carrying out the requirements of this sub-
25 section.

1 “(b) The Secretary may make funding available to
2 Indian tribes, tribal organizations, and urban Indian orga-
3 nizations to conduct epidemiological studies of Indian
4 communities.

5 **“SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION**
6 **PROGRAMS.**

7 “(a) The Secretary shall provide funding to Indian
8 tribes, tribal organizations and urban Indian organizations
9 to develop comprehensive school health education pro-
10 grams for children from preschool through grade 12 in
11 schools for the benefit of Indian and urban Indian chil-
12 dren.

13 “(b) Funding provided under this section may be
14 used for purposes which may include, but are not limited
15 to the following:

16 “(1) Developing and implementing health edu-
17 cation curricula both for regular school programs
18 and after-school programs.

19 “(2) Training teachers in comprehensive school
20 health education curricula.

21 “(3) Integrating school-based, community-
22 based, and other public and private health promotion
23 efforts.

24 “(4) Encouraging healthy, tobacco-free school
25 environments.

1 “(5) Coordinating school-based health programs
2 with existing services and programs available in the
3 community.

4 “(6) Developing school programs on nutrition
5 education, personal health, oral health, and fitness.

6 “(7) Developing mental health wellness pro-
7 grams.

8 “(8) Developing chronic disease prevention pro-
9 grams.

10 “(9) Developing substance abuse prevention
11 programs.

12 “(10) Developing injury prevention and safety
13 education programs.

14 “(11) Developing activities for the prevention
15 and control of communicable diseases.

16 “(12) Developing community and environmental
17 health education programs that include traditional
18 health care practitioners.

19 “(13) Violence prevention.

20 “(14) Such other health issues as are appro-
21 priate.

22 “(c) Upon request, the Secretary shall provide tech-
23 nical assistance to Indian tribes, tribal organizations, and
24 urban Indian organizations in the development of com-
25 prehensive health education plans, and the dissemination

1 of comprehensive health education materials and informa-
2 tion on existing health programs and resources.

3 “(d) The Secretary, in consultation with Indian
4 tribes, tribal organizations, and urban Indian organiza-
5 tions, shall establish criteria for the review and approval
6 of applications for funding provided pursuant to this sec-
7 tion.

8 “(e)(1) The Secretary of the Interior, acting through
9 the Bureau of Indian Affairs and in cooperation with the
10 Secretary and the affected Indian tribes and tribal organi-
11 zations, shall develop a comprehensive school health edu-
12 cation program for children from preschool through grade
13 12 in schools operated by the Bureau of Indian Affairs.

14 “(2) Such programs shall include—

15 “(A) school programs on nutrition education,
16 personal health, oral health, and fitness;

17 “(B) mental health wellness programs;

18 “(C) chronic disease prevention programs;

19 “(D) substance abuse prevention programs;

20 “(E) injury prevention and safety education
21 programs; and

22 “(F) activities for the prevention and control of
23 communicable diseases.

24 “(3) The Secretary of the Interior shall—

1 “(A) provide training to teachers in comprehen-
2 sive school health education curricula;

3 “(B) ensure the integration and coordination of
4 school-based programs with existing services and
5 health programs available in the community; and

6 “(C) encourage healthy, tobacco-free school en-
7 vironments.

8 **“SEC. 211. INDIAN YOUTH PROGRAM.**

9 “(a) The Secretary is authorized to provide funding
10 to Indian tribes, tribal organizations, and urban Indian
11 organizations for innovative mental and physical disease
12 prevention and health promotion and treatment programs
13 for Indian and urban Indian preadolescent and adolescent
14 youths.

15 “(b)(1) Funds made available under this section may
16 be used to—

17 “(A) develop prevention and treatment pro-
18 grams for Indian youth which promote mental and
19 physical health and incorporate cultural values, com-
20 munity and family involvement, and traditional
21 health care practitioners; and

22 “(B) develop and provide community training
23 and education.

24 “(2) Funds made available under this section may
25 not be used to provide services described in section 707(c).

1 “(c) The Secretary shall—

2 “(1) disseminate to Indian tribes, tribal organi-
3 zations, and urban Indian organizations information
4 regarding models for the delivery of comprehensive
5 health care services to Indian and urban Indian ado-
6 lescents;

7 “(2) encourage the implementation of such
8 models; and

9 “(3) at the request of an Indian tribe, tribal or-
10 ganization, or urban Indian organization, provide
11 technical assistance in the implementation of such
12 models.

13 “(d) The Secretary, in consultation with Indian
14 tribes, tribal organizations, and urban Indian organiza-
15 tions, shall establish criteria for the review and approval
16 of applications or proposals under this section.

17 **“SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF**
18 **COMMUNICABLE AND INFECTIOUS DISEASES.**

19 “(a) The Secretary, after consultation with Indian
20 tribes, tribal organizations, and urban Indian organiza-
21 tions, and the Centers for Disease Control and Prevention,
22 may make funding available to Indian tribes and tribal
23 organizations for—

24 “(1) projects for the prevention, control, and
25 elimination of communicable and infectious diseases

1 including, but not limited to, tuberculosis, hepatitis,
2 HIV, respiratory syncytial virus, hanta virus, sexu-
3 ally transmitted diseases, and H. Pylori;

4 “(2) public information and education programs
5 for the prevention, control, and elimination of com-
6 municable and infectious diseases; and

7 “(3) education, training, and clinical skills im-
8 provement activities in the prevention, control, and
9 elimination of communicable and infectious diseases
10 for health professionals, including allied health pro-
11 fessionals.

12 “(b) The Secretary may provide funding under sub-
13 section (a) only if an application or proposal for funding
14 is submitted to the Secretary.

15 “(c) Indian tribes and tribal organizations receiving
16 funding under this section are encouraged to coordinate
17 their activities with the Centers for Disease Control and
18 Prevention and State and local health agencies.

19 “(d) In carrying out this section, the Secretary—

20 “(1) may, at the request of an Indian tribe or
21 tribal organization, provide technical assistance; and

22 “(2) shall prepare and submit a report to the
23 Congress biennially on the use of funds under this
24 section and on the progress made toward the preven-
25 tion, control, and elimination of communicable and

1 infectious diseases among Indians and urban Indi-
2 ans.

3 **“SEC. 213. AUTHORITY FOR PROVISION OF OTHER**
4 **SERVICES.**

5 “(a) The Secretary, acting through the Service and
6 willing tribes and tribal organizations, may provide fund-
7 ing under this Act to meet the objectives set forth in sec-
8 tion 3 of this Act through health care related services and
9 programs not otherwise described in this Act, which shall
10 include, but not be limited to—

11 “(1) hospice care and assisted living;

12 “(2) long-term health care;

13 “(3) home- and community-based services;

14 “(4) public health functions; and

15 “(5) traditional health care practices.

16 “(b) At the discretion of the Service, Indian tribes,
17 or tribal organizations, services provided for hospice care,
18 home health care (under section 201 of this Act), home-
19 and community-based care, assisted living, and long-term
20 care may be provided (on a cost basis) to persons other-
21 wise ineligible for the health care benefits of the Service.
22 Any funds received under this subsection shall not be used
23 to offset or limit the funding allocated to a tribe or tribal
24 organization.

1 “(c) For the purposes of this section, the following
2 definitions shall apply:

3 “(1) The term ‘hospice care’ means the items
4 and services specified in subparagraphs (A) through
5 (H) of section 1861(dd)(1) of the Social Security
6 Act (42 U.S.C. 1395x(dd)(1)), and such other serv-
7 ices which a tribe or tribal organization determines
8 are necessary and appropriate to provide in further-
9 ance of this care.

10 “(2) The term ‘home- and community-based
11 services’ means 1 or more of the following:

12 “(A) Homemaker/home health aide serv-
13 ices.

14 “(B) Chore services.

15 “(C) Personal care services.

16 “(D) Nursing care services provided out-
17 side of a nursing facility by, or under the super-
18 vision of, a registered nurse.

19 “(E) Training for family members.

20 “(F) Adult day care.

21 “(G) Such other home- and community-
22 based services as the Secretary or a tribe or
23 tribal organization may approve.

24 “(3) The term ‘public health functions’ means
25 the provision of public health related programs,

1 functions, and services including, but not limited to,
2 assessment, assurance, and policy development which
3 Indian tribes and tribal organizations are authorized
4 and encouraged, in those circumstances where it
5 meets their needs, to do by forming collaborative re-
6 lationships with all levels of local, State, and Federal
7 Government.

8 **“SEC. 214. INDIAN WOMEN’S HEALTH CARE.**

9 “The Secretary, acting through the Service and will-
10 ing Indian tribes, tribal organizations, and urban Indian
11 organizations, shall provide funding to monitor and im-
12 prove the quality of health care for Indian women of all
13 ages through the planning and delivery of programs ad-
14 ministered by the Service, in order to improve and enhance
15 the treatment models of care for Indian women.

16 **“SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH**
17 **HAZARDS.**

18 “(a) The Secretary and the Service shall conduct, in
19 conjunction with other appropriate Federal agencies and
20 in consultation with concerned Indian tribes and tribal or-
21 ganizations, studies and ongoing monitoring programs to
22 determine trends in the health hazards to Indian miners
23 and to Indians on or near Indian reservations and in In-
24 dian communities as a result of environmental hazards
25 which may result in chronic or life-threatening health

1 problems, such as nuclear resource development, petro-
2 leum contamination, and contamination of water source
3 and of the food chain. Such study shall include—

4 “(1) an evaluation of the nature and extent of
5 health problems caused by environmental hazards
6 currently exhibited among Indians and the causes of
7 such health problems;

8 “(2) an analysis of the potential effect of ongo-
9 ing and future environmental resource development
10 on or near Indian reservations and communities in-
11 cluding the cumulative effect over time on health;

12 “(3) an evaluation of the types and nature of
13 activities, practices, and conditions causing or affect-
14 ing such health problems including, but not limited
15 to, uranium mining and milling, uranium mine tail-
16 ing deposits, nuclear power plant operation and con-
17 struction, and nuclear waste disposal; oil and gas
18 production or transportation on or near Indian res-
19 ervations or communities; and other development
20 that could affect the health of Indians and their
21 water supply and food chain;

22 “(4) a summary of any findings and rec-
23 ommendations provided in Federal and State stud-
24 ies, reports, investigations, and inspections during
25 the 5 years prior to the date of the enactment of

1 this section that directly or indirectly relate to the
2 activities, practices, and conditions affecting the
3 health or safety of such Indians; and

4 “(5) the efforts that have been made by Federal
5 and State agencies and resource and economic devel-
6 opment companies to effectively carry out an edu-
7 cation program for such Indians regarding the
8 health and safety hazards of such development.

9 “(b) Upon completion of such study the Secretary
10 and the Service shall take into account the results of such
11 study and, in consultation with Indian tribes and tribal
12 organizations, develop health care plans to address the
13 health problems studied under subsection (a). The plans
14 shall include—

15 “(1) methods for diagnosing and treating Indi-
16 ans currently exhibiting such health problems;

17 “(2) preventive care and testing for Indians
18 who may be exposed to such health hazards, includ-
19 ing the monitoring of the health of individuals who
20 have or may have been exposed to excessive amounts
21 of radiation, or affected by other activities that have
22 had or could have a serious impact upon the health
23 of such individuals; and

24 “(3) a program of education for Indians who,
25 by reason of their work or geographic proximity to

1 such nuclear or other development activities, may ex-
2 perience health problems.

3 “(c) The Secretary and the Service shall submit to
4 Congress the study prepared under subsection (a) no later
5 than the date 18 months after the date of enactment of
6 this section. The health care plan prepared under sub-
7 section (b) shall be submitted in a report no later than
8 the date 1 year after the date that the study prepared
9 under subsection (a) is submitted to Congress. Such re-
10 port shall include recommended activities for the imple-
11 mentation of the plan, as well as an evaluation of any ac-
12 tivities previously undertaken by the Service to address
13 such health problems.

14 “(d)(1) There is established an Intergovernmental
15 Task Force to be composed of the following individuals
16 (or their designees): The Secretary of Energy, the Admin-
17 istrator of the Environmental Protection Agency, the Di-
18 rector of the Bureau of Mines, the Assistant Secretary for
19 Occupational Safety and Health, and the Secretary of the
20 Interior.

21 “(2) The Task Force shall identify existing and po-
22 tential operations related to nuclear resource development
23 or other environmental hazards that affect or may affect
24 the health of Indians on or near an Indian reservation or
25 in an Indian community and enter into activities to correct

1 existing health hazards and ensure that current and future
2 health problems resulting from nuclear resource or other
3 development activities are minimized or reduced.

4 “(3) The Secretary shall be Chairman of the Task
5 Force. The Task Force shall meet at least twice each year.
6 Each member of the Task Force shall furnish necessary
7 assistance to the Task Force.

8 “(e) In the case of any Indian who—

9 “(1) as a result of employment in or near a
10 uranium mine or mill or near any other environ-
11 mental hazard, suffers from a work related illness or
12 condition;

13 “(2) is eligible to receive diagnosis and treat-
14 ment services from a Service facility; and

15 “(3) by reason of such Indian’s employment, is
16 entitled to medical care at the expense of such mine
17 or mill operator or entity responsible for the environ-
18 mental hazard,

19 the Service shall, at the request of such Indian, render
20 appropriate medical care to such Indian for such illness
21 or condition and may recover the costs of any medical care
22 so rendered to which such Indian is entitled at the expense
23 of such operator or entity from such operator or entity.
24 Nothing in this subsection shall affect the rights of such

1 Indian to recover damages other than such costs paid to
2 the Service from the employer for such illness or condition.

3 **“SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE**
4 **DELIVERY AREA.**

5 “(a) For fiscal years beginning with the fiscal year
6 ending September 30, 1983, and ending with the fiscal
7 year ending September 30, 2012, the State of Arizona
8 shall be designated as a contract health service delivery
9 area by the Service for the purpose of providing contract
10 health care services to members of federally recognized In-
11 dian tribes of Arizona.

12 “(b) The Service shall not curtail any health care
13 services provided to Indians residing on Federal reserva-
14 tions in the State of Arizona if such curtailment is due
15 to the provision of contract services in such State pursu-
16 ant to the designation of such State as a contract health
17 service delivery area pursuant to subsection (a).

18 **“SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES**
19 **PROGRAM.**

20 “(a) The Secretary is authorized to fund a program
21 using California Rural Indian Health Board as a contract
22 care intermediary to improve the accessibility of health
23 services to California Indians.

24 “(b)(1) The Secretary shall enter into an agreement
25 with the California Rural Indian Health Board to reim-

1 burse the Board for costs (including reasonable adminis-
2 trative costs) incurred pursuant to this section, in pro-
3 viding medical treatment under contract to California In-
4 dians described in section 809(b) throughout the Cali-
5 fornia contract health services delivery area described in
6 section 218 with respect to high-cost contract care cases.

7 “(2) Not more than 5 percent of the amounts pro-
8 vided to the Board under this section for any fiscal year
9 may be for reimbursement for administrative expenses in-
10 curred by the Board during such fiscal year.

11 “(3) No payment may be made for treatment pro-
12 vided hereunder to the extent payment may be made for
13 such treatment under the Catastrophic Health Emergency
14 Fund described in section 202 or from amounts appro-
15 priated or otherwise made available to the California con-
16 tract health service delivery area for a fiscal year.

17 “(c) There is hereby established an advisory board
18 which shall advise the California Rural Indian Health
19 Board in carrying out the demonstration pursuant to this
20 section. The advisory board shall be composed of rep-
21 resentatives, selected by the California Rural Indian
22 Health Board, from not less than 8 tribal health programs
23 serving California Indians covered under such demonstra-
24 tion, at least one-half of whom are not affiliated with the
25 California Rural Indian Health Board.

1 **“SEC. 218. CALIFORNIA AS A CONTRACT HEALTH SERVICE**
2 **DELIVERY AREA.**

3 “The State of California, excluding the Counties of
4 Alameda, Contra Costa, Los Angeles, Marin, Orange, Sac-
5 ramento, San Francisco, San Mateo, Santa Clara, Kern,
6 Merced, Monterey, Napa, San Benito, San Joaquin, San
7 Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ven-
8 tura, shall be designated as a contract health service deliv-
9 ery area by the Service for the purpose of providing con-
10 tract health services to Indians in such State. However,
11 any of the counties herein may be included in the contract
12 health services delivery area if funding is specifically pro-
13 vided by the Service for such services in those counties.

14 **“SEC. 219. CONTRACT HEALTH SERVICES FOR THE TREN-**
15 **TON SERVICE AREA.**

16 “(a) The Secretary is directed to provide contract
17 health services to members of the Turtle Mountain Band
18 of Chippewa Indians that reside in the Trenton Service
19 Area of Divide, McKenzie, and Williams Counties in the
20 State of North Dakota and the adjoining Counties of
21 Richland, Roosevelt, and Sheridan in the State of Mon-
22 tana.

23 “(b) Nothing in this section may be construed as ex-
24 panding the eligibility of members of the Turtle Mountain
25 Band of Chippewa Indians for health services provided by

1 the Service beyond the scope of eligibility for such health
2 services that applied on May 1, 1986.

3 **“SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND**
4 **TRIBAL ORGANIZATIONS.**

5 “The Service shall provide funds for health care pro-
6 grams and facilities operated by Indian tribes and tribal
7 organizations under funding agreements with the Service
8 entered into under the Indian Self-Determination and
9 Education Assistance Act on the same basis as such funds
10 are provided to programs and facilities operated directly
11 by the Service.

12 **“SEC. 221. LICENSING.**

13 “Health care professionals employed by Indian tribes
14 and tribal organizations to carry out agreements under the
15 Indian Self-Determination and Education Assistance Act,
16 shall, if licensed in any other State, be exempt from the
17 licensing requirements of the State in which the agreement
18 is performed.

19 **“SEC. 222. AUTHORIZATION FOR EMERGENCY CONTRACT**
20 **HEALTH SERVICES.**

21 “With respect to an elderly Indian or an Indian with
22 a disability receiving emergency medical care or services
23 from a non-Service provider or in a non-Service facility
24 under the authority of this Act, the time limitation (as

1 a condition of payment) for notifying the Service of such
2 treatment or admission shall be 30 days.

3 **“SEC. 223. PROMPT ACTION ON PAYMENT OF CLAIMS.**

4 “(a) The Service shall respond to a notification of a
5 claim by a provider of a contract care service with either
6 an individual purchase order or a denial of the claim with-
7 in 5 working days after the receipt of such notification.

8 “(b) If the Service fails to respond to a notification
9 of a claim in accordance with subsection (a), the Service
10 shall accept as valid the claim submitted by the provider
11 of a contract care service.

12 “(c) The Service shall pay a valid contract care serv-
13 ice claim within 30 days after completion of the claim.

14 **“SEC. 224. LIABILITY FOR PAYMENT.**

15 “(a) A patient who receives contract health care serv-
16 ices that are authorized by the Service shall not be liable
17 for the payment of any charges or costs associated with
18 the provision of such services.

19 “(b) The Secretary shall notify a contract care pro-
20 vider and any patient who receives contract health care
21 services authorized by the Service that such patient is not
22 liable for the payment of any charges or costs associated
23 with the provision of such services.

24 “(c) Following receipt of the notice provided by sub-
25 section (a) of this section, or, if a claim has been deemed

1 accepted under section 223(b), the provider shall have no
2 further recourse against the patient who received the serv-
3 ices.

4 **“SEC. 225. AUTHORIZATION OF APPROPRIATIONS.**

5 “There are authorized to be appropriated such sums
6 as may be necessary for each fiscal year through fiscal
7 year 2012 to carry out this title.

8 **“TITLE III—FACILITIES**

9 **“SEC. 301. CONSULTATION; CONSTRUCTION AND RENOVA-**
10 **TION OF FACILITIES; REPORTS.**

11 “(a) Prior to the expenditure of, or the making of
12 any binding commitment to expend, any funds appro-
13 priated for the planning, design, construction, or renova-
14 tion of facilities pursuant to the Act of November 2, 1921
15 (25 U.S.C. 13), popularly known as the Snyder Act, the
16 Secretary shall—

17 “(1) consult with any Indian tribe that would
18 be significantly affected by such expenditure for the
19 purpose of determining and, whenever practicable,
20 honoring tribal preferences concerning size, location,
21 type, and other characteristics of any facility on
22 which such expenditure is to be made, and

23 “(2) ensure, whenever practicable, that such fa-
24 cility meets the construction standards of any na-
25 tionally recognized accrediting body by not later

1 than 1 year after the date on which the construction
2 or renovation of such facility is completed.

3 “(b)(1) Notwithstanding any provision of law other
4 than this subsection, no Service hospital or outpatient
5 health care facility or any inpatient service or special care
6 facility operated by the Service may be closed if the Sec-
7 retary has not submitted to the Congress at least 1 year
8 prior to the date of such proposed closure an evaluation
9 of the impact of such proposed closure which specifies, in
10 addition to other considerations—

11 “(A) the accessibility of alternative health care
12 resources for the population served by such hospital
13 or facility;

14 “(B) the cost-effectiveness of such closure;

15 “(C) the quality of health care to be provided
16 to the population served by such hospital or facility
17 after such closure;

18 “(D) the availability of contract health care
19 funds to maintain existing levels of service;

20 “(E) the views of the Indian tribes served by
21 such hospital or facility concerning such closure;

22 “(F) the level of use of such hospital or facility
23 by all eligible Indians; and

24 “(G) the distance between such hospital or fa-
25 cility and the nearest operating Service hospital.

1 “(2) Paragraph (1) shall not apply to any temporary
2 closure of a facility or any portion of a facility if such
3 closure is necessary for medical, environmental, or con-
4 struction safety reasons.

5 “(c)(1)(A) The Secretary shall establish a health care
6 facility priority system, which shall—

7 “(i) be developed with Indian tribes and tribal
8 organizations by negotiated rulemaking under sec-
9 tion 802;

10 “(ii) give Indian tribes’ needs the highest pri-
11 ority; and

12 “(iii) at a minimum, include the lists required
13 in paragraph (2)(B) and the methodology required
14 in paragraph (2)(E) of this subsection.

15 “(B) The priority of any project established under the
16 construction priority system in effect on the date of the
17 Indian Health Care Improvement Act Amendments of
18 2000 shall not be affected by any change in the construc-
19 tion priority system taking place thereafter if the project
20 was identified as one of the top ten priority inpatient
21 projects or one of the top ten outpatient projects in the
22 fiscal year 2000 Indian Health Service budget justifica-
23 tion, or if the project had completed both Phase I and
24 Phase II of the construction priority system in effect on
25 the date of the enactment of such Act.

1 “(2) The Secretary shall submit to the President, for
2 inclusion in each report required to be transmitted to the
3 Congress under section 801, a report which sets forth—

4 “(A) a description of the health care facility
5 priority system of the Service, established under
6 paragraph (1) of this subsection;

7 “(B) health care facilities lists, including but
8 not limited to—

9 “(i) the total health care facilities plan-
10 ning, design, construction, and renovation needs
11 for Indians;

12 “(ii) the 10 top-priority inpatient care fa-
13 cilities;

14 “(iii) the 10 top-priority outpatient care
15 facilities;

16 “(iv) the 10 top-priority specialized care
17 facilities (such as long-term care and alcohol
18 and drug abuse treatment);

19 “(v) any staff quarters associated with
20 such prioritized facilities;

21 “(C) the justification for such order of priority;

22 “(D) the projected cost of such projects; and

23 “(E) the methodology adopted by the Service in
24 establishing priorities under its health care facility
25 priority system.

1 “(3) In preparing each report required under para-
2 graph (2) (other than the initial report), the Secretary
3 shall annually—

4 “(A) consult with and obtain information on all
5 health care facilities needs from Indian tribes and
6 tribal organizations, including those tribes or tribal
7 organizations operating health programs or facilities
8 under any funding agreement entered into with the
9 Service under the Indian Self-Determination and
10 Education Assistance Act; and

11 “(B) review the total unmet needs of all tribes
12 and tribal organizations for health care facilities (in-
13 cluding staff quarters), including needs for renova-
14 tion and expansion of existing facilities.

15 “(4) For purposes of this subsection, the Secretary
16 shall, in evaluating the needs of facilities operated under
17 any funding agreement entered into with the Service
18 under the Indian Self-Determination and Education As-
19 sistance Act, use the same criteria that the Secretary uses
20 in evaluating the needs of facilities operated directly by
21 the Service.

22 “(5) The Secretary shall ensure that the planning,
23 design, construction, and renovation needs of Service and
24 non-Service facilities, operated under funding agreements
25 in accordance with the Indian Self-Determination and

1 Education Assistance Act, are fully and equitably inte-
2 grated into the health care facility priority system.

3 “(d) REVIEW OF NEED FOR FACILITIES.—

4 “(1) Beginning in the year 2000, the Secretary
5 shall annually submit to the President, for inclusion
6 in the report required to be transmitted to the Con-
7 gress under section 801 of this Act, a report which
8 sets forth the needs of the Indian Health Service
9 and all Indian tribes and tribal organizations, in-
10 cluding urban Indian organizations, for inpatient,
11 outpatient, and specialized care facilities, including
12 the needs for renovation and expansion of existing
13 facilities.

14 “(2) In preparing each report required under
15 paragraph (1) (other than the initial report), the
16 Secretary shall consult with Indian tribes and tribal
17 organizations including those Tribes or tribal organi-
18 zations operating health programs or facilities under
19 any funding agreement entered into with the Service
20 under the Indian Self-Determination and Education
21 Assistance Act (25 U.S.C. 450f et seq.), and with
22 urban Indian organizations.

23 “(3) For purposes of this subsection, the Sec-
24 retary shall, in evaluating the needs of facilities op-
25 erated under any funding agreement entered into

1 with the Service under the Indian Self-Determina-
2 tion and Education Assistance Act, use the same cri-
3 teria that the Secretary uses in evaluating the needs
4 of facilities operated directly by the Service.

5 “(4) The Secretary shall ensure that the plan-
6 ning, design, construction, and renovation needs of
7 facilities operated under funding agreements, in ac-
8 cordance with the Indian Self-Determination and
9 Education Assistance Act, are fully and equitably in-
10 tegrated into the development of the health facility
11 priority system.

12 “(5) Each fiscal year, the Secretary shall pro-
13 vide an opportunity for nomination of planning, de-
14 sign, and construction projects by the Indian Health
15 Service and all tribes and tribal organizations for
16 consideration under the health care facility priority
17 system.

18 “(e) All funds appropriated under the Act of Novem-
19 ber 2, 1921 (25 U.S.C. 13), for the planning, design, con-
20 struction, or renovation of health facilities for the benefit
21 of an Indian tribe or Tribes shall be subject to the provi-
22 sions of section 102 of the Indian Self-Determination and
23 Education Assistance Act.

24 “(f) The Secretary shall consult and cooperate with
25 Indian tribes, tribal organizations, and urban Indian orga-

1 nizations in developing innovative approaches to address
2 all or part of the total unmet need for construction of
3 health facilities, including those provided for in other sec-
4 tions of this title and other approaches.

5 **“SEC. 302. SAFE WATER AND SANITARY WASTE DISPOSAL**
6 **FACILITIES.**

7 “(a) The Congress hereby finds and declares that—

8 “(1) the provision of safe water supply facilities
9 and sanitary sewage and solid waste disposal facili-
10 ties is primarily a health consideration and function;

11 “(2) Indian people suffer an inordinately high
12 incidence of disease, injury, and illness directly at-
13 tributable to the absence or inadequacy of such fa-
14 cilities;

15 “(3) the long-term cost to the United States of
16 treating and curing such disease, injury, and illness
17 is substantially greater than the short-term cost of
18 providing such facilities and other preventive health
19 measures;

20 “(4) many Indian homes and communities still
21 lack safe water supply facilities and sanitary sewage
22 and solid waste disposal facilities; and

23 “(5) it is in the interest of the United States,
24 and it is the policy of the United States, that all In-
25 dian communities and Indian homes, new and exist-

1 ing, be provided with safe and adequate water sup-
2 ply facilities and sanitary sewage waste disposal fa-
3 cilities.

4 “(b)(1) In furtherance of the findings and declara-
5 tions made in subsection (a), Congress reaffirms the pri-
6 mary responsibility and authority of the Service to provide
7 the necessary sanitation facilities and services as provided
8 in section 7 of the Act of August 5, 1954 (42 U.S.C.
9 2004a).

10 “(2) The Secretary is authorized to provide under
11 section 7 of the Act of August 5, 1954 (42 U.S.C.
12 2004a)—

13 “(A) financial and technical assistance to In-
14 dian tribes, tribal organizations, and Indian commu-
15 nities in the establishment, training, and equipping
16 of utility organizations to operate and maintain In-
17 dian sanitation facilities, including the provision of
18 existing plans, standard details, and specifications
19 available in the department, to be used at the option
20 of the tribe or tribal organization;

21 “(B) ongoing technical assistance and training
22 in the management of utility organizations which op-
23 erate and maintain sanitation facilities; and

24 “(C) priority funding for operation and mainte-
25 nance assistance for, and emergency repairs to, trib-

1 al sanitation facilities when necessary to avoid an
2 imminent health threat or to protect the investment
3 in sanitation facilities and the investment in the
4 health benefits gained through the provision of sani-
5 tation facilities.

6 “(3) Notwithstanding any other provision of law—

7 “(A) the Secretary of Housing and Urban De-
8 velopment is authorized to transfer funds appro-
9 priated under the Native American Housing Assist-
10 ance and Self-Determination Act of 1996 to the Sec-
11 retary of Health and Human Services,

12 “(B) the Secretary of Health and Human Serv-
13 ices is authorized to accept and use such funds for
14 the purpose of providing sanitation facilities and
15 services for Indians under section 7 of the Act of
16 August 5, 1954 (42 U.S.C. 2004a),

17 “(C) unless specifically authorized when funds
18 are appropriated, the Secretary of Health and
19 Human Services shall not use funds appropriated
20 under section 7 of the Act of August 5, 1954 (42
21 U.S.C. 2004a) to provide sanitation facilities to new
22 homes constructed using funds provided by the De-
23 partment of Housing and Urban Development,

24 “(D) the Secretary of Health and Human Serv-
25 ices is authorized to accept all Federal funds that

1 are for the purpose of providing sanitation facilities
2 and related services and place those funds into fund-
3 ing agreements, authorized under the Indian Self-
4 Determination and Education Assistance Act (25
5 U.S.C. 450f et seq.), between the Secretary and In-
6 dian tribes and tribal organizations,

7 “(E) the Secretary may allow funds appro-
8 priated under the authority of section 7 of the Act
9 of August 5, 1954 (42 U.S.C. 2004a), to be used to
10 fund up to 100 percent of the amount of a tribe’s
11 loan obtained under any Federal program for new
12 projects to construct eligible sanitation facilities to
13 serve Indian homes,

14 “(F) the Secretary may allow funds appro-
15 priated under the authority of section 7 of the Act
16 of August 5, 1954 (42 U.S.C. 2004a), to be used to
17 meet matching or cost participation requirements
18 under other Federal and non-Federal programs for
19 new projects to construct eligible sanitation facilities,

20 “(G) all Federal agencies are authorized to
21 transfer to the Secretary funds identified, granted,
22 loaned, or appropriated whereby the Department’s
23 applicable policies, rules, and regulations shall apply
24 in the implementation of such projects,

1 “(H) The Secretary of Health and Human
2 Services shall enter into interagency agreements
3 with the Bureau of Indian Affairs, the Department
4 of Housing and Urban Development, the Depart-
5 ment of Agriculture, the Environmental Protection
6 Agency, and other appropriate Federal agencies, for
7 the purpose of providing financial assistance for safe
8 water supply and sanitary sewage disposal facilities
9 under this Act, and

10 “(I) the Secretary of Health and Human Serv-
11 ices shall, by regulation developed through rule-
12 making under section 802, establish standards appli-
13 cable to the planning, design, and construction of
14 water supply and sanitary sewage and solid waste
15 disposal facilities funded under this Act.

16 “(c) The Secretary, in consultation with Indian tribes
17 and tribal organizations, shall develop and begin imple-
18 mentation of a 10-year funding plan to provide safe water
19 supply and sanitary sewage and solid waste disposal facili-
20 ties serving existing Indian homes and communities and
21 new and renovated Indian homes.

22 “(d) The financial and technical capability of an In-
23 dian tribe or community to safely operate and maintain
24 a sanitation facility shall not be a prerequisite to the provi-

1 sion or construction of sanitation facilities by the Sec-
2 retary.

3 “(e) The Secretary is authorized to provide financial
4 assistance to Indian tribes, tribal organizations, and com-
5 munities for operation, management, and maintenance of
6 their sanitation facilities.

7 “(f) The Indian family, community, or Tribe has the
8 primary responsibility to establish, collect, and use reason-
9 able user fees, or otherwise set aside funding, for the pur-
10 pose of operating and maintaining sanitation facilities. If
11 a community facility is threatened with imminent failure
12 and there is a lack of tribal capacity to maintain the integ-
13 rity or the health benefits of the facility, then the Sec-
14 retary is authorized to assist the Tribe in the resolution
15 of the problem on a short-term basis through cooperation
16 with the emergency coordinator or by providing operation
17 and maintenance service.

18 “(g) Programs administered by Indian tribes or tribal
19 organizations under the authority of the Indian Self-De-
20 termination and Education Assistance Act shall be eligible
21 for—

22 “(1) any funds appropriated pursuant to this
23 section, and

1 “(2) any funds appropriated for the purpose of
2 providing water supply, sewage disposal, or solid
3 waste facilities,
4 on an equal basis with programs that are administered
5 directly by the Service.

6 “(h)(1) The Secretary shall submit to the President,
7 for inclusion in each report required to be transmitted to
8 the Congress under section 801, a report which sets
9 forth—

10 “(A) the current Indian sanitation facility pri-
11 ority system of the Service;

12 “(B) the methodology for determining sanita-
13 tion deficiencies;

14 “(C) the level of initial and final sanitation defi-
15 ciency for each type of sanitation facility for each
16 project of each Indian tribe or community; and

17 “(D) the amount of funds necessary to reduce
18 the identified sanitation deficiency levels of all In-
19 dian tribes and communities to level I sanitation de-
20 ficiency as defined in subsection (h)(4)(A) of this
21 section.

22 “(2) In preparing each report required under para-
23 graph (1), the Secretary shall consult with Indian tribes
24 and tribal organizations (including those tribes or tribal
25 organizations operating health care programs or facilities

1 under any funding agreement entered into with the Serv-
2 ice under the Indian Self-Determination and Education
3 Assistance Act) to determine the sanitation needs of each
4 tribe and in developing the criteria on which the needs
5 will be evaluated through a process of negotiated rule-
6 making.

7 “(3) The methodology used by the Secretary in deter-
8 mining, preparing cost estimates for and reporting sanita-
9 tion deficiencies for purposes of paragraph (1) shall be ap-
10 plied uniformly to all Indian tribes and communities.

11 “(4) For purposes of this subsection, the sanitation
12 deficiency levels for an individual or community sanitation
13 facility serving Indian homes are as follows:

14 “(A) A level I deficiency is a sanitation facility
15 serving an individual or community—

16 “(i) which complies with all applicable
17 water supply, pollution control, and solid waste
18 disposal laws, and

19 “(ii) in which the deficiencies relate to rou-
20 tine replacement, repair, or maintenance needs.

21 “(B) A level II deficiency is a sanitation facility
22 serving an individual or community—

23 “(i) which substantially or recently com-
24 plied with all applicable water supply, pollution
25 control, and solid waste laws, in which the defi-

1 ciencies relate to small or minor capital im-
2 provements needed to bring the facility back
3 into compliance;

4 “(ii) in which the deficiencies relate to cap-
5 ital improvements that are necessary to enlarge
6 or improve the facilities in order to meet the
7 current needs for domestic sanitation facilities;
8 or

9 “(iii) in which the deficiencies relate to the
10 lack of equipment or training by an Indian tribe
11 or community to properly operate and maintain
12 the sanitation facilities.

13 “(C) A level III deficiency is an individual or
14 community facility with water or sewer service in the
15 home, piped services, or a haul system with holding
16 tanks and interior plumbing, or where major signifi-
17 cant interruptions to water supply or sewage dis-
18 posal occur frequently, requiring major capital im-
19 provements to correct the deficiencies. There is no
20 access to or no approved or permitted solid waste fa-
21 cility available.

22 “(D) A level IV deficiency is an individual or
23 community facility where there is no piped water or
24 sewer facilities in the home or the facility has be-

1 come inoperable due to major component failure or
 2 where only a washeteria or central facility exists.

3 “(E) A level V deficiency is the absence of a
 4 sanitation facility, where individual homes do not
 5 have access to safe drinking water or adequate
 6 wastewater disposal.

7 “(i) For purposes of this section—

8 “(1) the terms ‘facility’ and ‘facilities’ have the
 9 same meanings as the terms ‘system’ and ‘systems’
 10 unless the context requires otherwise; and

11 “(2) the term ‘Indian community’ means a geo-
 12 graphic area, a significant proportion of whose in-
 13 habitants are Indians and which is served by or ca-
 14 pable of being served by a facility described in this
 15 section.

16 **“SEC. 303. PREFERENCE TO INDIANS AND INDIAN FIRMS.**

17 “(a) The Secretary may use the negotiating authority
 18 of the Act of June 25, 1910 (25 U.S.C. 47), to give pref-
 19 erence to any Indian or any enterprise, partnership, cor-
 20 poration, or other type of business organization owned and
 21 controlled by an Indian or Indians including former or
 22 currently federally recognized Indian tribes in the State
 23 of New York (hereinafter referred to as an ‘Indian firm’)
 24 in the construction and renovation of Service facilities pur-
 25 suant to section 301 and in the construction of safe water

1 and sanitary waste disposal facilities pursuant to section
2 302. Such preference may be accorded by the Secretary
3 unless he finds, pursuant to rules and regulations promul-
4 gated by him, that the project or function to be contracted
5 for will not be satisfactory or such project or function can-
6 not be properly completed or maintained under the pro-
7 posed contract. The Secretary, in arriving at his finding,
8 shall consider whether the Indian or Indian firm will be
9 deficient with respect to (1) ownership and control by In-
10 dians, (2) equipment, (3) bookkeeping and accounting pro-
11 cedures, (4) substantive knowledge of the project or func-
12 tion to be contracted for, (5) adequately trained personnel,
13 or (6) other necessary components of contract perform-
14 ance.

15 “(b) For the purpose of implementing the provisions
16 of this title, construction or renovation of facilities con-
17 structed or renovated in whole or in part by funds made
18 available pursuant to this title are exempt from the Act
19 of March 3, 1931 (40 U.S.C. 276a–276a–5, known as the
20 Davis-Bacon Act.) For all health facilities, staff quarters,
21 and sanitation facilities, construction and renovation sub-
22 contractors shall be paid wage rates not less than the pre-
23 vailing wages on similar construction in the locality, as
24 determined by the Indian tribe, Tribes, or tribal organiza-
25 tions served by such facilities.

1 **“SEC. 304. EXPENDITURE OF NONSERVICE FUNDS FOR**
2 **RENOVATION.**

3 “(a)(1) Notwithstanding any other provision of law,
4 the Secretary is authorized to accept any major expansion,
5 renovation, or modernization by any Indian tribe of any
6 Service facility, or of any other Indian health facility oper-
7 ated pursuant to a funding agreement entered into under
8 the Indian Self-Determination and Education Assistance
9 Act, including—

10 “(A) any plans or designs for such expansion,
11 renovation, or modernization; and

12 “(B) any expansion, renovation, or moderniza-
13 tion for which funds appropriated under any Federal
14 law were lawfully expended,

15 but only if the requirements of subsection (b) are met.

16 “(2) The Secretary shall maintain a separate priority
17 list to address the needs for increased operating expenses,
18 personnel, or equipment for such facilities. The method-
19 ology for establishing priorities shall be developed by nego-
20 tiated rulemaking under section 802. The list of priority
21 facilities will be revised annually in consultation with In-
22 dian tribes and tribal organizations.

23 “(3) The Secretary shall submit to the President, for
24 inclusion in each report required to be transmitted to the
25 Congress under section 801, the priority list maintained
26 pursuant to paragraph (2).

1 “(b) The requirements of this subsection are met with
2 respect to any expansion, renovation, or modernization
3 if—

4 “(1) the tribe or tribal organization—

5 “(A) provides notice to the Secretary of its
6 intent to expand, renovate, or modernize; and

7 “(B) applies to the Secretary to be placed
8 on a separate priority list to address the needs
9 of such new facilities for increased operating ex-
10 penses, personnel, or equipment; and

11 “(2) the expansion, renovation, or
12 modernization—

13 “(A) is approved by the appropriate area
14 director of the Service for Federal facilities; and

15 “(B) is administered by the Indian tribe or
16 tribal organization in accordance with any ap-
17 plicable regulations prescribed by the Secretary
18 with respect to construction or renovation of
19 Service facilities.

20 “(c) If any Service facility which has been expanded,
21 renovated, or modernized by an Indian tribe under this
22 section ceases to be used as a Service facility during the
23 20-year period beginning on the date such expansion, ren-
24 ovation, or modernization is completed, such Indian tribe
25 shall be entitled to recover from the United States an

1 amount which bears the same ratio to the value of such
2 facility at the time of such cessation as the value of such
3 expansion, renovation, or modernization (less the total
4 amount of any funds provided specifically for such facility
5 under any Federal program that were expended for such
6 expansion, renovation, or modernization) bore to the value
7 of such facility at the time of the completion of such ex-
8 pansion, renovation, or modernization.

9 **“SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION,**
10 **AND MODERNIZATION OF SMALL AMBULA-**
11 **TORY CARE FACILITIES.**

12 “(a)(1) The Secretary, in consultation with Indian
13 tribes and tribal organizations, shall make funding avail-
14 able to Tribes and tribal organizations for the construc-
15 tion, expansion, or modernization of facilities for the provi-
16 sion of ambulatory care services to eligible Indians (and
17 noneligible persons as provided in subsections (c)(1)(C)
18 and (b)(2) of this section). Funding made under this sec-
19 tion may cover up to 100 percent of the costs of such con-
20 struction, expansion, or modernization. For the purposes
21 of this section, the term ‘construction’ includes the re-
22 placement of an existing facility.

23 “(2) Funding under paragraph (1) may only be made
24 available to an Indian tribe or tribal organization oper-
25 ating an Indian health facility (other than a facility owned

1 or constructed by the Service, including a facility origi-
2 nally owned or constructed by the Service and transferred
3 to an Indian tribe or tribal organization) pursuant to a
4 funding agreement entered into under the Indian Self-De-
5 termination and Education Assistance Act.

6 “(b)(1) Funding provided under this section may be
7 used only for the construction, expansion, or moderniza-
8 tion (including the planning and design of such construc-
9 tion, expansion, or modernization) of an ambulatory care
10 facility—

11 “(A) located apart from a hospital;

12 “(B) not funded under section 301 or section
13 307; and

14 “(C) which, upon completion of such construc-
15 tion or modernization will—

16 “(i) have a total capacity appropriate to its
17 projected service population;

18 “(ii) provide annually no less than 500 pa-
19 tient visits by eligible Indians and other users
20 who are eligible for services in such facility in
21 accordance with section 807(b)(1)(B); and

22 “(iii) provide ambulatory care in a service
23 area (specified in the funding agreement en-
24 tered into under the Indian Self-Determination
25 and Education Assistance Act) with a popu-

1 lation of no fewer than 1,500 eligible Indians
2 and other users who are eligible for services in
3 such facility in accordance with section
4 807(b)(1)(B).

5 “(2) Funding provided under this section may be
6 used only for the cost of that portion of a construction,
7 expansion, or modernization project that benefits the serv-
8 ice population identified above in subsection (b)(1)(C)(ii)
9 and (iii). The requirements of clauses (ii) and (iii) of para-
10 graph (1)(C) shall not apply to a Tribe or tribal organiza-
11 tion applying for funding under this section whose prin-
12 cipal office for health care administration is located on an
13 island or when such office is not located on a road system
14 providing direct access to an inpatient hospital where care
15 is available to the service population.

16 “(c)(1) No funding may be made available under this
17 section unless an application or proposal for such funding
18 has been submitted to and approved by the Secretary. An
19 application or proposal for funding under this section shall
20 be submitted in accordance with applicable regulations
21 and shall set forth reasonable assurance by the applicant
22 that, at all times after the construction, expansion, or
23 modernization of a facility carried out pursuant to funding
24 received under this section—

1 “(A) adequate financial support will be avail-
2 able for the provision of services at such facility;

3 “(B) such facility will be available to eligible In-
4 dians without regard to ability to pay or source of
5 payment; and

6 “(C) such facility will, as feasible without di-
7 minishing the quality or quantity of services pro-
8 vided to eligible Indians, serve noneligible persons on
9 a cost basis.

10 “(2) In awarding funding under this section, the Sec-
11 retary shall give priority to tribes and tribal organizations
12 that demonstrate—

13 “(A) a need for increased ambulatory care serv-
14 ices; and

15 “(B) insufficient capacity to deliver such serv-
16 ices.

17 “(3) The Secretary may provide for the establishment
18 of peer review panels, as necessary, to review and evaluate
19 applications and proposals and to advise the Secretary re-
20 garding such applications using the criteria developed pur-
21 suant to paragraph (1).

22 “(d) If any facility (or portion thereof) with respect
23 to which funds have been paid under this section, ceases,
24 within 5 years after completion of the construction, expan-
25 sion, or modernization carried out with such funds, to be

1 used for the purposes of providing health care services to
2 eligible Indians, all of the right, title, and interest in and
3 to such facility (or portion thereof) shall transfer to the
4 United States unless otherwise negotiated by the Service
5 and the Indian tribe or tribal organization.

6 “(e) Funding provided to Indian tribes and tribal or-
7 ganizations under this section shall be nonrecurring and
8 shall not be available for inclusion in any individual
9 Tribe’s tribal share for an award under the Indian Self-
10 Determination and Education Assistance Act or for re-
11 allocation or redesign thereunder.

12 **“SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRA-**
13 **TION PROJECT.**

14 “(a) HEALTH CARE DEMONSTRATION PROJECTS.—
15 The Secretary, in consultation with Indian tribes and trib-
16 al organizations, is authorized to enter into funding agree-
17 ments with, or make grants or loan guarantees to, Indian
18 tribes or tribal organizations for the purpose of carrying
19 out a health care delivery demonstration project to test
20 alternative means of delivering health care and services
21 through facilities, including but not limited to hospice, tra-
22 ditional Indian health, and child care facilities to Indians.

23 “(b) USE OF FUNDS.—The Secretary, in approving
24 projects pursuant to this section, may authorize funding
25 for the construction and renovation of hospitals, health

1 centers, health stations, and other facilities to deliver
2 health care services and is authorized to—

3 “(1) waive any leasing prohibition;

4 “(2) permit carryover of funds appropriated for
5 the provision of health care services;

6 “(3) permit the use of other available funds;

7 “(4) permit the use of funds or property do-
8 nated from any source for project purposes;

9 “(5) provide for the reversion of donated real or
10 personal property to the donor; and

11 “(6) permit the use of Service funds to match
12 other funds, including Federal funds.

13 “(c) CRITERIA.—(1) The Secretary shall develop and
14 publish regulations, through rulemaking under section
15 802, for the review and approval of applications submitted
16 under this section. The Secretary may enter into a con-
17 tract or funding agreement or award a grant under this
18 section for projects which meet the following criteria:

19 “(A) There is a need for a new facility or pro-
20 gram or the reorientation of an existing facility or
21 program.

22 “(B) A significant number of Indians, including
23 those with low health status, will be served by the
24 project.

1 “(C) The project has the potential to deliver
2 services in an efficient and effective manner.

3 “(D) The project is economically viable.

4 “(E) The Indian tribe or tribal organization has
5 the administrative and financial capability to admin-
6 ister the project.

7 “(F) The project is integrated with providers of
8 related health and social services and is coordinated
9 with, and avoids duplication of, existing services.

10 “(2) The Secretary may provide for the establishment
11 of peer review panels, as necessary, to review and evaluate
12 applications and using the criteria developed pursuant to
13 paragraph (1).

14 “(3) The Secretary shall give priority to applications
15 for demonstration projects in each of the following service
16 units to the extent that such applications are timely filed
17 and meet the criteria specified in paragraph (1):

18 “(i) Cass Lake, Minnesota.

19 “(ii) Clinton, Oklahoma.

20 “(iii) Harlem, Montana.

21 “(iv) Mescalero, New Mexico.

22 “(v) Owyhee, Nevada.

23 “(vi) Parker, Arizona.

24 “(vii) Schurz, Nevada.

25 “(viii) Winnebago, Nebraska.

1 “(ix) Ft. Yuma, California.

2 “(d) TECHNICAL ASSISTANCE.—The Secretary shall
3 provide such technical and other assistance as may be nec-
4 essary to enable applicants to comply with the provisions
5 of this section.

6 “(e) SERVICE TO INELIGIBLE PERSONS.—The au-
7 thority to provide services to persons otherwise ineligible
8 for the health care benefits of the Service and the author-
9 ity to extend hospital privileges in Service facilities to non-
10 Service health practitioners as provided in section 807
11 may be included, subject to the terms of such section, in
12 any demonstration project approved pursuant to this sec-
13 tion.

14 “(f) EQUITABLE TREATMENT.—For purposes of sub-
15 section (c)(1)(A), the Secretary shall, in evaluating facili-
16 ties operated under any funding agreement entered into
17 with the Service under the Indian Self-Determination and
18 Education Assistance Act, use the same criteria that the
19 Secretary uses in evaluating facilities operated directly by
20 the Service.

21 “(g) EQUITABLE INTEGRATION OF FACILITIES.—
22 The Secretary shall ensure that the planning, design, con-
23 struction, renovation, and expansion needs of Service and
24 non-Service facilities which are the subject of a funding
25 agreement for health services entered into with the Service

1 under the Indian Self-Determination and Education As-
2 sistance Act, are fully and equitably integrated into the
3 implementation of the health care delivery demonstration
4 projects under this section.

5 **“SEC. 307. LAND TRANSFER.**

6 “(a) The Bureau of Indian Affairs is authorized to
7 transfer, at no cost, up to 5 acres of land at the Chemawa
8 Indian School, Salem, Oregon, to the Service for the provi-
9 sion of health care services. The land authorized to be
10 transferred by this section is that land adjacent to land
11 under the jurisdiction of the Service and occupied by the
12 Chemawa Indian Health Center.

13 “(b) Notwithstanding any other provision of law, the
14 Bureau of Indian Affairs and all other agencies and de-
15 partments of the United States are authorized to transfer,
16 at no cost, land and improvements to the Service for the
17 provision of health care services. The Secretary is author-
18 ized to accept such land and improvements for such pur-
19 poses.

20 **“SEC. 308. LEASES.**

21 “(a) Notwithstanding any other provision of law, the
22 Secretary is authorized, in carrying out the purposes of
23 this Act, to enter into leases with Indian tribes and tribal
24 organizations for periods not in excess of 20 years. Prop-
25 erty leased by the Secretary from an Indian tribe or tribal

1 organization may be reconstructed or renovated by the
2 Secretary pursuant to an agreement with such Indian
3 tribe or tribal organization.

4 “(b) The Secretary may enter into leases, contracts,
5 and other legal agreements with Indian tribes or tribal or-
6 ganizations which hold title to—

7 “(1) a leasehold interest in; or

8 “(2) a beneficial interest in (where title is held
9 by the United States in trust for the benefit of a
10 Tribe); facilities used for the administration and de-
11 livery of health services by the Service or by pro-
12 grams operated by Indian tribes or tribal organiza-
13 tions to compensate such Indian tribes or tribal or-
14 ganizations for costs associated with the use of such
15 facilities for such purposes, and such leases shall be
16 considered as operating leases for the purposes of
17 scoring under the Budget Enforcement Act of 1990,
18 notwithstanding any other provision of law. Such
19 costs include rent, depreciation based on the useful
20 life of the building, principal and interest paid or ac-
21 crued, operation and maintenance expenses, and
22 other expenses determined by regulation to be allow-
23 able pursuant to regulations under section 105(l) of
24 the Indian Self-Determination and Education Assist-
25 ance Act.

1 **“SEC. 309. LOANS, LOAN GUARANTEES, AND LOAN REPAY-**
2 **MENT.**

3 “(a) There is established in the Treasury of the
4 United States a fund to be known as the Health Care Fa-
5 cilities Loan Fund (hereinafter referred to as the
6 ‘HCFLF’) to provide to Indian tribes and tribal organiza-
7 tions direct loans, or guarantees for loans, for construction
8 of health care facilities (including but not limited to inpa-
9 tient facilities, outpatient facilities, associated staff quar-
10 ters and specialized care facilities such as behavioral
11 health and elder care facilities).

12 “(b) The Secretary is authorized to issue regulations,
13 developed through rulemaking as set out in section 802,
14 to provide standards and procedures for governing such
15 loans and loan guarantees, subject to the following condi-
16 tions:

17 “(1) The principal amount of a loan or loan
18 guarantee may cover 100 percent of eligible costs,
19 including but not limited to planning, design, financ-
20 ing, site land development, construction, rehabilita-
21 tion, renovation, conversion, improvements, medical
22 equipment and furnishings, other facility-related
23 costs and capital purchase (but excluding staffing).

24 “(2) The cumulative total of the principal of di-
25 rect loans and loan guarantees, respectively, out-

1 standing at any one time shall not exceed such limi-
2 tations as may be specified in appropriation Acts.

3 “(3) In the discretion of the Secretary, the pro-
4 gram may be administered by the Service or the
5 Health Resources and Services Administration
6 (which shall be specified by regulation).

7 “(4) The Secretary may make or guarantee a
8 loan with a term of the useful estimated life of the
9 facility, or 25 years, whichever is shorter.

10 “(5) The Secretary may allocate up to 100 per-
11 cent of the funds available for loans or loan guaran-
12 tees in any year for the purpose of planning and ap-
13 plying for a loan or loan guarantee.

14 “(6) The Secretary may accept an assignment
15 of the revenue of an Indian tribe or tribal organiza-
16 tion as security for any direct loan or loan guarantee
17 under this section.

18 “(7) In the planning and design of health facili-
19 ties under this section, users eligible under section
20 807(b) may be included in any projection of patient
21 population.

22 “(8) The Secretary shall not collect loan appli-
23 cation, processing, or other similar fees from Indian
24 tribes or tribal organizations applying for direct
25 loans or loan guarantees under this section.

1 “(9) Service funds authorized under loans or
2 loan guarantees in this section shall be eligible for
3 use in matching other Federal funds.

4 “(c)(1) The HCFLF shall consist of—

5 “(A) such sums as may be initially appropriated
6 to the HCFLF and as may be subsequently appro-
7 priated to the fund under paragraph (2);

8 “(B) such amounts as may be collected from
9 borrowers; and

10 “(C) all interest earned on amounts in the
11 HCFLF.

12 “(2) There are authorized to be appropriated such
13 sums as may be necessary to initiate the HCFLF. For
14 each fiscal year after the initial year in which funds are
15 appropriated to the HCFLF, there is authorized to be ap-
16 propriated an amount equal to the sum of the amount col-
17 lected by the HCFLF during the preceding fiscal year,
18 and all accrued interest.

19 “(3) All amounts appropriated, collected, or earned
20 relative to the HCFLF shall remain available until ex-
21 pended.

22 “(d) Amounts in the HCFLF and available pursuant
23 to appropriation Acts may be expended by the Secretary
24 to make loans under this section to an Indian tribe or trib-
25 al organization pursuant to a funding agreement entered

1 into under the Indian Self-Determination and Education
2 Assistance Act.

3 “(e) The Secretary of the Treasury shall invest such
4 amounts of the HCFLF as such Secretary determines are
5 not required to meet current withdrawals from the
6 HCFLF. Such investments may be made only in interest-
7 bearing obligations of the United States. For such pur-
8 pose, such obligations may be acquired on original issue
9 at the issue price, or by purchase of outstanding obliga-
10 tions at the market price. Any obligation acquired by the
11 fund may be sold by the Secretary of the Treasury at the
12 market price.

13 “(f) The Secretary is authorized to establish a pro-
14 gram to provide grants to Indian tribes and tribal organi-
15 zations for the purpose of repaying all or part of any loan
16 obtained by an Indian tribe or tribal organization for con-
17 struction and renovation of health care facilities (including
18 inpatient facilities, outpatient facilities, associated staff
19 quarters and specialized care facilities). Loans eligible for
20 such repayment grants shall include loans that have been
21 obtained under this section or otherwise.

22 **“SEC. 310. TRIBAL LEASING.**

23 “Indian tribes and tribal organizations providing
24 health care services pursuant to a funding agreement en-
25 tered into under the Indian Self-Determination and Edu-

1 cation Assistance Act may lease permanent structures for
2 the purpose of providing such health care services without
3 obtaining advance approval in appropriation Acts.

4 **“SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES**
5 **JOINT VENTURE PROGRAM.**

6 “(a) The Secretary shall make arrangements with In-
7 dian tribes and tribal organizations to establish joint ven-
8 ture demonstration projects under which an Indian tribe
9 or tribal organization shall expend tribal, private, or other
10 available funds, for the acquisition or construction of a
11 health facility for a minimum of 10 years, under a no-
12 cost lease, in exchange for agreement by the Service to
13 provide the equipment, supplies, and staffing for the oper-
14 ation and maintenance of such a health facility. A Tribe
15 or tribal organization may use tribal funds, private sector,
16 or other available resources, including loan guarantees, to
17 fulfill its commitment under this subsection. A Tribe that
18 has begun and substantially completed the process of ac-
19 quisition or construction of a health facility shall be eligi-
20 ble to establish a joint venture project with the Service
21 using such health facility.

22 “(b)(1) The Secretary shall make such an arrange-
23 ment with an Indian tribe or tribal organization only if—

24 “(A) the Secretary first determines that the In-
25 dian tribe or tribal organization has the administra-

1 tive and financial capabilities necessary to complete
2 the timely acquisition or construction of the health
3 facility described in paragraph (1), and

4 “(B) the Indian tribe or tribal organization
5 meets the need criteria which shall be developed
6 through the negotiated rulemaking process provided
7 for under section 802.

8 “(2) The Secretary shall negotiate an agreement with
9 the Indian tribe or tribal organization regarding the con-
10 tinued operation of the facility at the end of the initial
11 10 year no-cost lease period.

12 “(c) An Indian tribe or tribal organization that has
13 entered into a written agreement with the Secretary under
14 this subsection, and that breaches or terminates without
15 cause such agreement, shall be liable to the United States
16 for the amount that has been paid to the Tribe or tribal
17 organization, or paid to a third party on the Tribe’s or
18 tribal organization’s behalf, under the agreement. The
19 Secretary has the right to recover tangible property (in-
20 cluding supplies), and equipment, less depreciation, and
21 any funds expended for operations and maintenance under
22 this section. The preceding sentence does not apply to any
23 funds expended for the delivery of health care services, or
24 for personnel or staffing.

1 “(d) RECOVERY FOR NONUSE.—An Indian tribe or
2 tribal organization that has entered into a written agree-
3 ment with the Secretary under this subsection shall be en-
4 titled to recover from the United States an amount that
5 is proportional to the value of such facility should at any
6 time within 10 years the Service ceases to use the facility
7 or otherwise breaches the agreement.

8 “(e) Wherever ‘health facility’ or ‘health facilities’ is
9 used in this section, they may include quarters needed to
10 provide housing for staff of the tribal health program.

11 **“SEC. 312. LOCATION OF FACILITIES.**

12 “(a) The Bureau of Indian Affairs and the Service
13 shall, in all matters involving the reorganization or devel-
14 opment of Service facilities, or in the establishment of re-
15 lated employment projects to address unemployment con-
16 ditions in economically depressed areas, give priority to
17 locating such facilities and projects on Indian lands if re-
18 quested by the Indian owner and the Indian tribe with
19 jurisdiction over such lands or other lands owned or leased
20 by the Indian tribe or tribal organization, provided that
21 priority shall be given to Indian land owned by an Indian
22 tribe or Tribes.

23 “(b) For purposes of this section, the term ‘Indian
24 lands’ means—

1 “(1) all lands within the exterior boundaries of
2 any Indian reservation;

3 “(2) any lands title to which is held in trust by
4 the United States for the benefit of any Indian tribe
5 or individual Indian, or held by any Indian tribe or
6 individual Indian subject to restriction by the United
7 States against alienation and over which an Indian
8 tribe exercises governmental power; and

9 “(3) all lands in Alaska owned by any Alaska
10 Native village, or village or regional corporation
11 under the Alaska Native Claims Settlement Act, or
12 any land allotted to any Alaska Native.

13 **“SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH**
14 **CARE FACILITIES.**

15 “(a) The Secretary shall submit to the President, for
16 inclusion in the report required to be transmitted to the
17 Congress under section 801, a report which identifies the
18 backlog of maintenance and repair work required at both
19 Service and tribal facilities, including new facilities ex-
20 pected to be in operation in the next fiscal year. The re-
21 port shall also identify the need for renovation and expan-
22 sion of existing facilities to support the growth of health
23 care programs.

24 “(b) The Secretary is authorized to expend mainte-
25 nance and improvement funds to support maintenance of

1 newly constructed space only if such space falls within the
2 approved supportable space allocation for the Tribe or
3 tribal organization. ‘Supportable space allocation’ shall be
4 defined through the negotiated rulemaking process pro-
5 vided for under section 802.

6 “(c) In addition to using maintenance and improve-
7 ment funds for renovation, modernization, and expansion
8 of facilities, an Indian tribe or tribal organization may use
9 maintenance and improvement funds for construction of
10 a replacement facility if the costs of renovation of such
11 facility would exceed a maximum renovation cost thresh-
12 old. The ‘maximum renovation cost threshold’ shall be de-
13 termined through the negotiated rulemaking process pro-
14 vided for under section 802.

15 **“SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY OWNED**
16 **QUARTERS.**

17 “(a)(1) Notwithstanding any other provision of law,
18 an Indian tribe or tribal organization which operates a
19 hospital or other health facility and the federally owned
20 quarters associated therewith pursuant to a funding
21 agreement under the Indian Self-Determination and Edu-
22 cation Assistance Act shall have the authority to establish
23 the rental rates charged to the occupants of such quarters
24 by providing notice to the Secretary of its election to exer-
25 cise such authority.

1 “(2) In establishing rental rates pursuant to author-
2 ity of this subsection, an Indian tribe or tribal organiza-
3 tion shall endeavor to achieve the following objectives:

4 “(A) To base such rental rates on the reason-
5 able value of the quarters to the occupants thereof.

6 “(B) To generate sufficient funds to prudently
7 provide for the operation and maintenance of the
8 quarters, and, subject to the discretion of the Indian
9 tribe or tribal organization, to supply reserve funds
10 for capital repairs and replacement of the quarters.

11 “(3) Any quarters whose rental rates are established
12 by an Indian tribe or tribal organization pursuant to au-
13 thority of this subsection shall remain eligible for quarters
14 improvement and repair funds to the same extent as all
15 federally owned quarters used to house personnel in In-
16 dian Health Services-supported programs;

17 “(4) An Indian tribe or tribal organization which ex-
18 ercises the authority provided under this subsection shall
19 provide occupants with no less than 60 days notice of any
20 change in rental rates.

21 “(b)(1) Notwithstanding any other provision of law,
22 and subject to paragraph (2) hereof, an Indian tribe or
23 a tribal organization which operates federally owned quar-
24 ters pursuant to a funding agreement under the Indian
25 Self-Determination and Education Assistance Act shall

1 have the authority to collect rents directly from Federal
2 employees who occupy such quarters in accordance with
3 the following:

4 “(A) The Indian tribe or tribal organization
5 shall notify the Secretary and the subject Federal
6 employees of its election to exercise its authority to
7 collect rents directly from such Federal employees.

8 “(B) Upon receipt of a notice described in sub-
9 paragraph (A), the Federal employees shall pay
10 rents for occupancy of such quarters directly to the
11 Indian tribe or tribal organization and the Secretary
12 shall have no further authority to collect rents from
13 such employees through payroll deduction or other-
14 wise.

15 “(C) Such rent payments shall be retained by
16 the Indian tribe or tribal organization and shall not
17 be made payable to or otherwise be deposited with
18 the United States.

19 “(D) Such rent payments shall be deposited
20 into a separate account which shall be used by the
21 Indian tribe or tribal organization for the mainte-
22 nance (including capital repairs and replacement)
23 and operation of the quarters and facilities as the
24 Indian tribe or tribal organization shall determine.

1 “(2) If an Indian tribe or tribal organization which
2 has made an election under paragraph (1) hereof requests
3 retrocession of its authority to directly collect rents from
4 Federal employees occupying federally owned quarters,
5 such retrocession shall become effective on the earlier of—

6 “(A) the first day of the month that begins no
7 less than 180 days after the Indian tribe or tribal
8 organization notifies the Secretary of its desire to
9 retrocede; or

10 “(B) such other date as may be mutually
11 agreed by the Secretary and the Indian tribe or trib-
12 al organization.

13 “(c) To the extent that an Indian tribe or tribal orga-
14 nization, pursuant to authority granted in subsection (a)
15 hereof, establishes rental rates for federally owned quar-
16 ters provided to a Federal employee in Alaska, such rents
17 may be based on the cost of comparable private rental
18 housing in the nearest established community with a year-
19 round population of 1,500 or more individuals.

20 **“SEC. 315. APPLICABILITY OF BUY AMERICAN REQUIRE-**
21 **MENT.**

22 “(a) The Secretary shall ensure that the require-
23 ments of the Buy American Act apply to all procurements
24 made with funds provided pursuant to the authorization
25 contained in section 318, provided that Indian tribes and

1 tribal organizations shall be exempt from these require-
2 ments.

3 “(b) If it has been finally determined by a court or
4 Federal agency that any person intentionally affixed a
5 label bearing a ‘Made in America’ inscription, or any in-
6 scription with the same meaning, to any product sold in
7 or shipped to the United States that is not made in the
8 United States, such person shall be ineligible to receive
9 any contract or subcontract made with funds provided
10 pursuant to the authorization contained in section 309,
11 pursuant to the debarment, suspension, and ineligibility
12 procedures described in sections 9.400 through 9.409 of
13 title 48, Code of Federal Regulations.

14 “(c) For purposes of this section, the term ‘Buy
15 American Act’ means title III of the Act entitled ‘An Act
16 making appropriations for the Treasury and Post Office
17 Departments for the fiscal year ending June 30, 1934,
18 and for other purposes’, approved March 3, 1933 (41
19 U.S.C. 10a et seq.).

20 **“SEC. 316. OTHER FUNDING FOR FACILITIES.**

21 “Notwithstanding any other provision of law—

22 “(1) the Secretary is authorized to accept from
23 any source, including Federal and State agencies,
24 funds that are available for the construction of
25 health care facilities and use such funds to plan, de-

1 sign, and construct health care facilities for Indians
2 and to place such funds into funding agreements au-
3 thorized under the Indian Self-Determination and
4 Education Assistance Act (25 U.S.C. 450f et seq.)
5 between the Secretary and an Indian tribe or tribal
6 organization, provided that receipt of such funds
7 shall have not an effect on the priorities established
8 pursuant to section 301;

9 “(2) the Secretary is authorized to enter into
10 interagency agreements with other Federal agencies
11 or State agencies and other entities and to accept
12 funds from such Federal or State agencies or other
13 sources to provide for the planning, design, and con-
14 struction of health care facilities to be administered
15 by the Service or by Indian tribes or tribal organiza-
16 tions under the Indian Self-Determination and Edu-
17 cation Assistance Act in order to carry out the pur-
18 poses of this Act, together with the purposes for
19 which such funds are appropriated to such other
20 Federal department or State agency or for which the
21 funds were otherwise provided;

22 “(3) any Federal agency to which funds for the
23 construction of health care facilities are appropriated
24 is authorized to transfer such funds to the Secretary
25 for the construction of health care facilities to carry

1 out the purposes of this Act as well as the purposes
2 for which such funds are appropriated to such other
3 Federal agency; and

4 “(4) the Secretary, through the Service, shall
5 establish standards by regulation, developed by rule-
6 making under section 802, for the planning, design,
7 and construction of health care facilities serving In-
8 dians under this Act.

9 **“SEC. 317. AUTHORIZATION OF APPROPRIATIONS.**

10 “There are authorized to be appropriated such sums
11 as may be necessary for each fiscal year through fiscal
12 year 2012 to carry out this title.

13 **“TITLE IV—ACCESS TO HEALTH**
14 **SERVICES**

15 **“SEC. 401. TREATMENT OF PAYMENTS UNDER MEDICARE**
16 **PROGRAM.**

17 “(a) Any payments received by the Service or by an
18 Indian tribe or tribal organization pursuant to a funding
19 agreement under the Indian Self-Determination and Edu-
20 cation Assistance Act or by an urban Indian organization
21 pursuant to title V of this Act for services provided to
22 Indians eligible for benefits under title XVIII of the Social
23 Security Act shall not be considered in determining appro-
24 priations for health care and services to Indians.

1 “(b) Nothing in this Act authorizes the Secretary to
2 provide services to an Indian beneficiary with coverage
3 under title XVIII of the Social Security Act, as amended,
4 in preference to an Indian beneficiary without such cov-
5 erage.

6 “(c) Notwithstanding any other provision of this title
7 or of title XVIII of the Social Security Act, payments to
8 which facility of the Service is entitled by reason of this
9 section shall be placed in a special fund to be held by the
10 Secretary and first used (to such extent or in such
11 amounts as are provided in appropriation Acts) for the
12 purpose of making any improvements in the programs of
13 the Service which may be necessary to achieve or maintain
14 compliance with the applicable conditions and require-
15 ments of this title and of title XVIII of the Social Security
16 Act. Any funds to be reimbursed which are in excess of
17 the amount necessary to achieve or maintain such condi-
18 tions and requirements shall, subject to the consultation
19 with Tribes being served by the service unit, be used for
20 reducing the health resource deficiencies of the Indian
21 tribes. This paragraph shall not apply upon the election
22 of an Indian tribe or tribal organization under section 405
23 of the Indian Health Care Improvement Act to receive
24 payments directly.

1 **“SEC. 402. TREATMENT OF PAYMENTS UNDER MEDICAID**
2 **PROGRAM.**

3 “(a) Notwithstanding any other provision of law, pay-
4 ments to which any facility of the Service (including a hos-
5 pital, nursing facility, intermediate care facility for the
6 mentally retarded, or any other type of facility which pro-
7 vides services for which payment is available under title
8 XIX of the Social Security Act) is entitled under a State
9 plan by reason of section 1911 of such Act shall be placed
10 in a special fund to be held by the Secretary and first
11 used (to such extent or in such amounts as are provided
12 in appropriation Acts) for the purpose of making any im-
13 provements in the facilities of such Service which may be
14 necessary to achieve or maintain compliance with the ap-
15 plicable conditions and requirements of such title. Any
16 payments which are in excess of the amount necessary to
17 achieve or maintain such conditions and requirements
18 shall, subject to the consultation with Tribes being served
19 by the service unit, be used for reducing the health re-
20 source deficiencies of the Indian tribes. In making pay-
21 ments from such fund, the Secretary shall ensure that
22 each service unit of the Service receives 100 percent of
23 the amounts to which the facilities of the Service, for
24 which such service unit makes collections, are entitled by
25 reason of section 1911 of the Social Security Act. This
26 subsection shall not apply to Indian tribes and tribal orga-

1 nizations that elect under section 405 to receive payments
2 directly.

3 “(b) Any payments received under section 1911 of
4 the Social Security Act for services provided to Indians
5 eligible for benefits under title XIX of the Social Security
6 Act shall not be considered in determining appropriations
7 for the provision of health care and services to Indians.

8 “(c) For provisions relating to the authority of cer-
9 tain Indian tribes and tribal organizations to elect to di-
10 rectly bill for, and receive payment for, health care services
11 provided by a hospital or clinic of such Tribes or tribal
12 organizations and for which payment may be made under
13 this title, see section 405 of the Indian Health Care Im-
14 provement Act.

15 **“SEC. 403. REPORT.**

16 “(a) The Secretary shall submit to the President, for
17 inclusion in the report required to be transmitted to the
18 Congress under section 801, an accounting on the amount
19 and use of funds made available to the Service pursuant
20 to this title as a result of reimbursements through titles
21 XVIII and XIX of the Social Security Act, as amended.

22 “(b) If an Indian tribe or tribal organization receives
23 funding from the Service under the Indian Self-Deter-
24 mination and Education Assistance Act or an urban In-
25 dian organization receives funding from the Indian Health

1 Service under title V of the Indian Health Care Improve-
2 ment Act receives reimbursements or payments under title
3 XVIII (medicare), title XIX (medicaid), or title XXI (chil-
4 dren’s health insurance program) of the Social Security
5 Act, such Indian tribe, tribal organization, or urban In-
6 dian organization shall provide to the Service a list of each
7 provider enrollment number (or other identifier) under
8 which it receives payments.

9 **“SEC. 404. GRANTS TO AND FUNDING AGREEMENTS WITH**
10 **THE SERVICE, INDIAN TRIBES, TRIBAL ORGA-**
11 **NIZATIONS, AND URBAN INDIAN ORGANIZA-**
12 **TIONS.**

13 “(a) The Secretary shall make grants to or enter into
14 funding agreements with Indian tribes and tribal organi-
15 zations to assist such organizations in establishing and ad-
16 ministering programs on or near Federal Indian reserva-
17 tions and trust areas and in or near Alaska Native villages
18 to assist individual Indians to—

19 “(1) enroll under section 1818 of part A and
20 sections 1836 and 1837 of part B of title XVIII of
21 the Social Security Act;

22 “(2) pay premiums for coverage; and

23 “(3) apply for medical assistance provided pur-
24 suant to title XIX (medicaid) and XXI (children’s

1 health insurance program) of the Social Security
2 Act.

3 “(b) The Secretary shall place conditions as deemed
4 necessary to effect the purpose of this section in any fund-
5 ing agreement or grant which the Secretary makes with
6 any Indian tribe or tribal organization pursuant to this
7 section. Such conditions shall include, but are not limited
8 to, requirements that the organization successfully under-
9 take to—

10 “(1) determine the population of Indians to be
11 served that are or could be recipients of benefits
12 under titles XVIII, XIX, and XXI of the Social Se-
13 curity Act;

14 “(2) assist individual Indians in becoming fa-
15 miliar with and using such benefits;

16 “(3) provide transportation to such individual
17 Indians to the appropriate offices for enrollment or
18 applications for medical assistance; and

19 “(4) develop and implement—

20 “(A) a schedule of income levels to deter-
21 mine the extent of payments of premiums by
22 such organizations for coverage of needy indi-
23 viduals; and

24 “(B) methods of improving the participa-
25 tion of Indians in receiving the benefits pro-

1 vided under titles XVIII, XIX, and XXI of the
2 Social Security Act.

3 “(c) The Secretary may enter into an agreement with
4 an Indian tribe, tribal organization, or urban Indian orga-
5 nization which provides for the receipt and processing of
6 applications for medical assistance under title XIX of the
7 Social Security Act and benefits under titles XVIII and
8 XXI of the Social Security Act by a Service facility or
9 a health care program administered by such Indian tribe,
10 tribal organization, or urban Indian organization pursuant
11 to a funding agreement under the Indian Self-Determina-
12 tion and Education Assistance Act or a grant or contract
13 entered into with an urban Indian organization under title
14 V of this Act. Notwithstanding any other provision of law,
15 such agreements shall provide for reimbursement of the
16 cost of outreach, education regarding eligibility and bene-
17 fits, and translation when such services are provided. The
18 reimbursement may be included in an encounter rate or
19 be made on a fee for service basis as appropriate for the
20 provider. When necessary to carry out the terms of this
21 section, the Secretary, acting through the Health Care Fi-
22 nancing Administration or the Service, may enter into
23 agreements with a State (or political subdivision thereof)
24 to facilitate cooperation between the State and the Service,
25 Indian tribe, or tribal organization.

1 “(d)(1) The Secretary shall make grants or enter into
2 contracts with urban Indian organizations to assist such
3 organizations in establishing and administering programs
4 to assist individual urban Indians to—

5 “(A) enroll under section 1818 of part A and
6 sections 1836 and 1837 of part B of title XVIII
7 (medicare) of the Social Security Act;

8 “(B) pay premiums on behalf of such individ-
9 uals for coverage under title XVIII of the Social Se-
10 curity Act; and

11 “(C) apply for medical assistance provided
12 under title XIX (medicaid) of the Social Security
13 Act and for child health assistance under title XXI
14 (child health insurance program) of the Social Secu-
15 rity Act.

16 “(2) The Secretary shall include in the grants or con-
17 tracts made or entered into under paragraph (1) require-
18 ments that are—

19 “(A) consistent with the requirements imposed
20 by the Secretary under subsection (b);

21 “(B) appropriate to urban Indian organizations
22 and urban Indians; and

23 “(C) necessary to effect the purposes of this
24 section.

1 **“SEC. 405. DIRECT BILLING AND REIMBURSEMENT OF**
2 **MEDICARE, MEDICAID, AND OTHER THIRD-**
3 **PARTY PAYORS.**

4 “(a)(1) An Indian tribe or tribal organization may
5 directly bill for, and receive payment for, health care serv-
6 ices provided by such health program for which payment
7 is made under title XVIII of the Social Security Act (42
8 U.S.C. 1395 et seq.) (medicare), under a State plan for
9 medical assistance approved under title XIX of the Social
10 Security Act (42 U.S.C. 1396 et seq.) (medicaid), under
11 a State’s children’s health insurance plan approved under
12 title XXI of the Social Security Act (42 U.S.C. 1397aa
13 et seq.) or from any other third-party payor.

14 “(2) The third sentence of section 1905(b) of the So-
15 cial Security Act (42 U.S.C. 1396d(b)) and the second
16 sentence of section 2101(c) of the Social Security Act (42
17 U.S.C. 1397aa(c)) shall apply for purposes of reimburse-
18 ment under the medicaid or children’s health insurance
19 program for health care services directly billed under the
20 program established under this section.

21 “(b)(1) Each Indian tribe or tribal organization exer-
22 cising the option described in subsection (a) of this section
23 shall be reimbursed directly under the medicare, medicaid,
24 and children’s health insurance programs for services fur-
25 nished, without regard to the provisions of section 1880(c)
26 of the Social Security Act (42 U.S.C. 1395qq(c)) and sec-

tion 402(a) of this title, but all funds so reimbursed shall first be used by the health program for the purpose of making any improvements in the facility or health programs that may be necessary to achieve or maintain compliance with the conditions and requirements applicable generally to such health services under the medicare, medicaid, or children's health insurance program. Any funds so reimbursed which are in excess of the amount necessary to achieve or maintain such conditions or requirements shall be used to provide additional health services, improvements in its health care facilities, or otherwise to achieve the health objectives provided for under section 3 of this Act.

“(2) The amounts paid to the health programs exercising the option described in subsection (a) of this section shall be subject to all auditing requirements applicable to programs administered directly by the Service and to facilities participating in the medicare, medicaid, and children's health insurance programs.

“(3) Notwithstanding section 1880(c) of the Social Security Act (42 U.S.C. 1395qq(c)) or section 402(a) of this title, no payment may be made out of the special fund described in section 1880(c) of the Social Security Act (42 U.S.C. 1395qq(c)), or section 402(a) of this title, for the benefit of any health program exercising the option de-

1 scribed in subsection (a) of this section during the period
2 of such participation.

3 “(c) The Secretary, and with the assistance of the
4 Administrator of the Health Care Financing Administra-
5 tion, shall examine on an ongoing basis and implement
6 any administrative changes that may be necessary to fa-
7 cilitate direct billing and reimbursement under the pro-
8 gram established under this section, including any agree-
9 ments with States that may be necessary to provide for
10 direct billing under the medicaid or children’s health in-
11 surance program.

12 “(d) A participant in the program established under
13 this section may withdraw from participation in the same
14 manner and under the same conditions that an Indian
15 tribe or tribal organization may retrocede a contracted
16 program to the Secretary under authority of the Indian
17 Self-Determination and Education Assistance Act (25
18 U.S.C. 450 et seq.). All cost accounting and billing author-
19 ity under the program established under this section shall
20 be returned to the Secretary upon the Secretary’s accept-
21 ance of the withdrawal of participation in this program.

22 **“SEC. 406. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
23 **TIES OF COSTS OF HEALTH SERVICES.**

24 “(a) Except as provided in subsection (g), the United
25 States, an Indian tribe, or tribal organization shall have

1 the right to recover the reasonable charges billed or ex-
2 penses incurred by the Secretary, an Indian tribe, or tribal
3 organization in providing health services, through the
4 Service, an Indian tribe, or tribal organization to any indi-
5 vidual to the same extent that such individual, or any non-
6 governmental provider of such services, would be eligible
7 to receive reimbursement or indemnification for such
8 charges or expenses if—

9 “(1) such services had been provided by a non-
10 governmental provider, and

11 “(2) such individual had been required to pay
12 such charges or expenses and did pay such expenses.

13 “(b) Except as provided in subsection (g), an urban
14 Indian organization shall have the right to recover the rea-
15 sonable charges billed or expenses incurred by the organi-
16 zation in providing health services to any individual to the
17 same extent that such individual, or any other nongovern-
18 mental provider of such services, would be eligible to re-
19 ceive reimbursement or indemnification for such charges
20 or expenses if such individual had been required to pay
21 such charges or expenses and did pay such charges or ex-
22 penses.

23 “(c) Subsections (a) and (b) shall provide a right of
24 recovery against any State, only if the injury, illness, or

1 disability for which health services were provided is cov-
2 ered under—

3 “(1) workers’ compensation laws, or

4 “(2) a no-fault automobile accident insurance
5 plan or program.

6 “(d) No law of any State, or of any political subdivi-
7 sion of a State and no provision of any contract entered
8 into or renewed after the date of enactment of the Indian
9 Health Care Amendments of 1988, shall prevent or hinder
10 the right of recovery of the United States, an Indian tribe,
11 or tribal organization under subsection (a) or an urban
12 Indian organization under subsection (b).

13 “(e) No action taken by the United States, an Indian
14 tribe, or tribal organization to enforce the right of recovery
15 provided under subsection (a), or by an urban Indian or-
16 ganization to enforce the right of recovery provided under
17 subsection (b), shall affect the right of any person to any
18 damages (other than damages for the cost of health serv-
19 ices provided by the Secretary through the Service).

20 “(f) The United States, an Indian tribe, or tribal or-
21 ganization may enforce the right of recovery provided
22 under subsection (a), and an urban Indian organization
23 may enforce the right of recovery provided under sub-
24 section (b), by—

1 “(1) intervening or joining in any civil action or
2 proceeding brought—

3 “(A) by the individual for whom health
4 services were provided by the Secretary, an In-
5 dian tribe, tribal organization, or urban Indian
6 organization; or

7 “(B) by any representative or heirs of such
8 individual, or

9 “(2) instituting a civil action.

10 All reasonable efforts shall be made to provide notice of
11 such action to the individual to whom health services were
12 provided, either before or during the pendency of such ac-
13 tion.

14 “(g) Absent specific written authorization by the gov-
15 erning body of an Indian tribe for the period of such au-
16 thorization which may not be for a period of more than
17 one year, and which may be revoked at any time upon
18 written notice by the governing body to the Service, the
19 United States shall not have a right of recovery under this
20 section if the injury, illness, or disability for which health
21 services were provided is covered under a self-insurance
22 plan funded by an Indian tribe, tribal organization, or
23 urban Indian organization. However, where such tribal au-
24 thorization is provided, the Service may receive and ex-

1 pend such funds for the provision of additional health
2 services.

3 “(h) In any action brought to enforce the provisions
4 of this section, a prevailing plaintiff shall be awarded its
5 reasonable attorneys fees and costs of litigation.

6 “(i) Where an insurance company or employee benefit
7 plan fails or refuses to pay the amount due under sub-
8 section (a) of this section for services provided to an indi-
9 vidual who is a beneficiary, participant, or insured of such
10 company or plan, the United States, Indian tribe, or tribal
11 organization shall have a right to assert and pursue all
12 the claims and remedies against such company or plan,
13 and against the fiduciaries of such company or plan, that
14 the individual could assert or pursue under applicable
15 Federal, State, or tribal law.

16 “(j) Where an insurance company or employee benefit
17 plan fails or refuses to pay the amounts due under sub-
18 section (b) for health services provided to an individual
19 who is a beneficiary, participant, or insured of such com-
20 pany or plan, the urban Indian organization shall have a
21 right to assert and pursue all the claims and remedies
22 against such company or plan, and against the fiduciaries
23 of such company or plan, that the individual could assert
24 or pursue under applicable Federal or State law.

1 “(k) Notwithstanding any other provision in law, the
2 Service, an Indian tribe, tribal organization, or an urban
3 Indian organization shall have a right of recovery for any
4 otherwise reimbursable claim filed on a current HCFA–
5 1500 or UB–92 form, or the current electronic format,
6 or their successors. No health plan shall deny payment
7 because a claim has not been submitted in a unique format
8 that differs from such forms.

9 **“SEC. 407. CREDITING OF REIMBURSEMENTS.**

10 “(a) Except as provided in section 202(d), this title,
11 and section 807, all reimbursements received or recovered,
12 under authority of this Act, Public Law 87–693 (42
13 U.S.C. 2651 et seq.), or any other provision of law, by
14 reason of the provision of health services by the Service
15 or by an Indian tribe or tribal organization under a fund-
16 ing agreement pursuant to the Indian Self-Determination
17 and Education Assistance Act or by an urban Indian orga-
18 nization funded under title V shall be retained by the Serv-
19 ice or that Tribe or tribal organization and shall be avail-
20 able for the facilities, and to carry out the programs, of
21 the Service or that Tribe or tribal organization to provide
22 health care services to Indians.

23 “(b) The Service may not offset or limit the amount
24 of funds obligated to any service unit or entity receiving

1 funding from the Service because of the receipt of reim-
2 bursements under subsection (a).

3 **“SEC. 408. PURCHASING HEALTH CARE COVERAGE.**

4 “Tribes, tribal organizations, and urban Indian orga-
5 nizations are authorized to use funding from the Secretary
6 under this Act to purchase managed care coverage for In-
7 dian Health Services beneficiaries (including authority to
8 purchase insurance to limit the financial risks of such enti-
9 ties) from—

10 “(1) a tribally owned and operated managed
11 care plan;

12 “(2) a State or locally authorized or licensed
13 managed care plan; or

14 “(3) a health insurance provider.

15 **“SEC. 409. INDIAN HEALTH SERVICE, DEPARTMENT OF VET-**
16 **ERANS AFFAIRS, AND OTHER FEDERAL AGEN-**
17 **CY HEALTH FACILITIES AND SERVICES SHAR-**
18 **ING.**

19 “(a) The Secretary shall examine the feasibility of en-
20 tering into arrangements or expanding existing arrange-
21 ments for the sharing of medical facilities and services be-
22 tween the Indian Health Service and the Veterans Admin-
23 istration, and other appropriate Federal agencies, includ-
24 ing those within the Department, and shall, in accordance
25 with subsection (b), prepare a report on the feasibility of

1 such an arrangement and submit such report to the Con-
2 gress by no later than September 30, 2000, provided that
3 the Secretary may not finalize any such agreement with-
4 out first consulting with the affected Indian tribes.

5 “(b) The Secretary shall not take any action under
6 this section or under subchapter IV of chapter 81 of title
7 38, United States Code, which would impair—

8 “(1) the priority access of any Indian to health
9 care services provided through the Indian Health
10 Service;

11 “(2) the quality of health care services provided
12 to any Indian through the Indian Health Service;

13 “(3) the priority access of any veteran to health
14 care services provided by the Veterans Administra-
15 tion;

16 “(4) the quality of health care services provided
17 to any veteran by the Veterans Administration;

18 “(5) the eligibility of any Indian to receive
19 health services through the Indian Health Service;
20 or

21 “(6) the eligibility of any Indian who is a vet-
22 eran to receive health services through the Veterans
23 Administration (provided that the Service, the In-
24 dian tribe or tribal organization shall be reimbursed
25 by the Veterans Administration where services are

1 provided through the Service, Indian tribes or tribal
2 organizations to beneficiaries eligible for services
3 from the Veterans Administration, notwithstanding
4 any other provision of law).

5 “(c) The Director is authorized to enter into agree-
6 ments with other Federal agencies to assist in achieving
7 parity in services for Indians. Nothing in this section may
8 be construed as creating any right of a veteran to obtain
9 health services from the Indian Health Service.

10 **“SEC. 410. PAYOR OF LAST RESORT.**

11 “The Indian Health Service, and programs operated
12 by Tribes, tribal organizations, or urban Indian organiza-
13 tions shall be the payor of last resort for services provided
14 to persons eligible for services from these programs, not-
15 withstanding any Federal, State, or local law to the con-
16 trary, unless such law explicitly provides otherwise.

17 **“SEC. 411. PAYMENT OR REIMBURSEMENT FOR SERVICES.**

18 “Notwithstanding any other provision of law, the In-
19 dian Health Service, Indian Tribes, tribal organizations,
20 and urban Indian organizations (notwithstanding limita-
21 tions on who is eligible to receive services from such enti-
22 ty) shall be eligible to receive payment or reimbursement
23 for services provided by such entities from any federally
24 funded health care program, unless there is an explicit

1 prohibition on such payments in the applicable authorizing
2 statute.

3 **“SEC. 412. TUBA CITY DEMONSTRATION PROJECT.**

4 “Notwithstanding any other provision of law, includ-
5 ing the Anti-Deficiency Act, provided the Indian tribes to
6 be served approve, the Service in the Tuba City Service
7 Unit is authorized to enter into a demonstration project
8 with the State of Arizona under which the Service would
9 provide certain specified medicaid services to Indian
10 Health Services/medicaid eligibles in return for payment
11 on a capitated basis from the State of Arizona and is au-
12 thorized to purchase insurance to limit its financial risks
13 under this project. This project may be extended to other
14 service units in Arizona, subject to the approval of the In-
15 dian tribes to be served in such service units, the Service,
16 and the State of Arizona.

17 **“SEC. 413. ACCESS TO FEDERAL INSURANCE.**

18 “Notwithstanding the provisions of title 5, United
19 States Code, executive order, or administrative regulation,
20 an Indian tribe or tribal organization carrying out pro-
21 grams under the Indian Self-Determination and Edu-
22 cation Assistance Act or an urban Indian organization car-
23 rying out programs under title V of this Act shall be enti-
24 tled to purchase coverage, rights, and benefits for the em-
25 ployees of such Indian tribe, tribal organization, or urban

1 Indian organization under chapter 89 of title 5, United
2 States Code, (relating to health insurance) and chapter
3 87 of title 5, United States Code, (relating to life insur-
4 ance) if necessary employee deductions and agency con-
5 tributions in payment for the coverage, rights, and bene-
6 fits for the period of employment with such Indian tribe,
7 tribal organization, or urban Indian organization are cur-
8 rently deposited in the applicable Employee's Fund under
9 title 5, United States Code.

10 **“SEC. 414. CONSULTATION AND RULEMAKING.**

11 “(a) CONSULTATION.—Prior to the adoption of any
12 policy or regulation by the Health Care Financing Admin-
13 istration, the Secretary shall—

14 “(1) identify the impact such policy or regula-
15 tion may have on the Service, Indian tribes, tribal
16 organizations, and urban Indian organizations;

17 “(2) provide to the Service, Indian tribes, tribal
18 organizations, and urban Indian organizations the
19 information described in paragraph (1); and

20 “(3) engage in consultation with the Service,
21 Indian tribes, tribal organizations, and urban Indian
22 organizations prior to enacting any such policy or
23 regulation. Such consultation shall be consistent
24 with the requirements of Executive Order 13084 of
25 May 14, 1998.

1 “(b) RULEMAKING.—The Health Care Financing Ad-
2 ministration shall participate in the negotiated rulemaking
3 provided for under title VIII of this Act with regard to
4 any regulations necessary to implement the provisions of
5 this title that relate to the Social Security Act.”.

6 **“SEC. 415. LIMITATION ON SECRETARY’S WAIVER AUTHOR-**
7 **ITY.**

8 “Notwithstanding any other provision of law, the Sec-
9 retary may not waive the application of section
10 1902(a)(13)(D) to any State Plan under title XIX of the
11 Social Security Act.

12 **“SEC. 416. CHILDREN’S HEALTH INSURANCE PROGRAM**
13 **FUNDS.**

14 “(a) DIRECT FUNDING.—The Secretary is authorized
15 to enter into agreements directly with the Indian Health
16 Service and Indian tribes and tribal organizations under
17 which such entities will provide children’s health insurance
18 program-like services to Indians who reside in a service
19 area on or near an Indian reservation. Such agreements
20 may provide for funding under a block grant or such other
21 mechanism as is agreed upon by the Secretary and the
22 Indian Health Service, Indian tribe, or tribal organization.
23 Such agreements may not be made contingent on the ap-
24 proval of the State in which the Indians to be served re-
25 side.

1 “(b) TRANSFER.—Notwithstanding any other provi-
2 sion of law, a State may transfer funds to which it is,
3 or would otherwise be, entitled under title XXI of the So-
4 cial Security Act to the Indian Health Service, Indian
5 tribes, and tribal organizations to be administered to
6 achieve the purposes and objectives of such title under
7 agreements between the State and recipient entity or
8 under an agreement directly between the recipient entity
9 and the Health Care Financing Administration.

10 **“SEC. 417. WAIVER OF MEDICARE AND MEDICAID SANC-**
11 **TIONS.**

12 “Notwithstanding any other provision of law, the In-
13 dian Health Service or an Indian tribe or tribal organiza-
14 tion operating a health program under the Indian Self-
15 Determination and Education Assistance Act shall be enti-
16 tled to seek a waiver of sanctions imposed under title
17 XVIII, XIX, or XXI of the Social Security Act as if it
18 were directly responsible for administering the State
19 health care program.

20 **“SEC. 418. SAFE HARBOR.**

21 “(a) The term ‘remuneration’ as used in sections
22 1128A and 1128B of the Social Security Act (42 U.S.C.
23 1320a–7a and 1320a–7b) shall not include any exchange
24 of anything of value between or among—

1 “(1) any Indian tribe or tribal organization that
2 administers health programs under the authority of
3 the Indian Self-Determination and Education Assist-
4 ance Act (25 U.S.C. 450 et seq.);

5 “(2) any such Indian tribe or tribal organiza-
6 tion and the Indian Health Service;

7 “(3) any such Indian tribe or tribal organiza-
8 tion and any patient served or eligible for service
9 under such programs, including patients served or
10 eligible for service pursuant to section 813 of Public
11 Law 94–437 (25 U.S.C. 1680c); or

12 “(4) any such Indian tribe or tribal organiza-
13 tion and any third party required by contract, sec-
14 tion 206 or 207 of Public Law 94–437 (42 U.S.C.
15 1621e or 1621f), or other applicable law, to pay or
16 reimburse the reasonable health care costs incurred
17 by the United States or any such Indian tribe or
18 tribal organization;

19 if the exchange arises from or relates to such health pro-
20 grams.

21 “(b) An Indian tribe, tribal organization, or urban
22 Indian organization that administers health programs
23 under the authority of the Indian Self-Determination and
24 Education Assistance Act (25 U.S.C. 450 et seq.) or title
25 V of the Indian Health Care Improvement Act shall be

1 deemed to be an agency of the United States and immune
2 from liability under the Sherman Act (15 U.S.C. 1 et
3 seq.), the Clayton Act (15 U.S.C. 12 et seq.), the Robin-
4 son-Patman Act, the Federal Trade Commission Act (15
5 U.S.C. 41 et seq.), and any other Federal, State, or local
6 antitrust laws, with regard to any transaction, agreement,
7 or conduct that relates to such programs.

8 **“SEC. 419. COST SHARING.**

9 “(a) COINSURANCE, COPAYMENTS, AND
10 DEDUCTIBLES.—Notwithstanding any other provision of
11 Federal or State law, no Indian who is eligible for services
12 under title XVIII, XIX, or XXI of the Social Security Act,
13 or any other federally funded health programs may be
14 charged a deductible, copayment, or coinsurance for any
15 service provided by or through the Indian Health Service,
16 an Indian tribe, tribal organization, or urban Indian orga-
17 nization, nor may the payment or reimbursement due to
18 the Indian Health Service or an Indian tribe, tribal organi-
19 zation, or urban Indian organization be reduced by the
20 amount of the deductible, copayment, or coinsurance that
21 would be due from the Indian but for the operation of
22 this section. For the purposes of this section, ‘through’
23 shall include services provided directly, by referral, or
24 under contracts or other arrangements between the Indian

1 Health Service, Indian tribe, tribal organization, or urban
2 Indian organization and another health provider.

3 “(b) PREMIUMS.—

4 “(1) MEDICAID AND CHILD HEALTH INSUR-
5 ANCE PROGRAM.—Notwithstanding any other provi-
6 sion of Federal or State law, no Indian who is other-
7 wise eligible for services under title XIX (medicaid)
8 or title XXI (children’s health insurance program) of
9 the Social Security Act may be charged a premium
10 as a condition of receiving benefits from the pro-
11 gram.

12 “(2) MEDICARE ENROLLMENT PREMIUM PEN-
13 ALTIES.—Notwithstanding any other provision of
14 Federal or State law, no Indian (as that term is de-
15 fined in section 4 of the Indian Health Care Im-
16 provement Act) who is eligible for Medicare, but for
17 the payment of premiums, shall be charged a penalty
18 for enrolling in Medicare at a time later than the
19 person might otherwise have been eligible. This pro-
20 hibition applies whether the Indian pays for the pre-
21 miums directly or the premiums are paid by another
22 person or entity, including a State, the Indian
23 Health Service, an Indian tribe, tribal organization,
24 or an urban Indian organization.

1 “(c) MEDICALLY NEEDY PROGRAM SPEND-DOWN.—

2 For the purposes of any medically needy option under a
3 State’s Medicaid plan under title XIX of the Social Secu-
4 rity Act, the cost of providing services to an Indian in a
5 health program of the Indian Health Service, an Indian
6 tribe, tribal organization, or urban Indian organization
7 shall be deemed to have been an expenditure for health
8 care by the person applying for Medicaid.

9 “(d) ESTATE RECOVERY.—Notwithstanding any
10 other provision of Federal or State law, the following prop-
11 erty may not be included when determining eligibility for
12 services or implementing estate recovery rights under title
13 XVIII, XIX, or XXI of the Social Security Act, or other
14 health care programs funded in whole or part with Federal
15 moneys—

16 “(1) income derived from rents, leases, or royal-
17 ties of property held in trust for individuals by the
18 Federal Government;

19 “(2) income derived from rents, leases, royal-
20 ties, or natural resources (including timber and fish-
21 ing activities) resulting from the exercise of federally
22 protected rights, whether collected by an individual
23 or tribal group, and distributed to individuals;

24 “(3) property, including interests in real prop-
25 erty currently or formerly held in trust by the Fed-

1 eral Government which is protected under applicable
2 Federal, State or tribal law or custom from recourse
3 and including public domain allotments; and

4 “(4) property that has unique religious or cul-
5 tural significance or that supports subsistence or
6 traditional lifestyle according to applicable tribal law
7 or custom.

8 “(e) MEDICAL CHILD SUPPORT RECOVERY.—Not-
9 withstanding any other provision of law, a parent shall not
10 be responsible for reimbursing a State or the Federal Gov-
11 ernment for the cost of medical services provided to a child
12 by or through the Indian Health Service, an Indian tribe,
13 tribal organization, or urban Indian organization. For the
14 purposes of this subsection, ‘through’ shall include services
15 provided directly, by referral, or under contracts or other
16 arrangements between the Indian Health Service, Indian
17 tribe, tribal organization or urban Indian organization and
18 another health provider.

19 **“SEC. 420. MANAGED CARE.**

20 “(a) RECOVERY FROM MANAGED CARE PLANS.—(1)
21 Notwithstanding any other provision in law, the Indian
22 Health Service, an Indian tribe, tribal organization, or
23 urban Indian organization shall have a right of recovery
24 under section 408 of this title from all private and public
25 health plans, including medicare, medicaid, children’s

1 health insurance, and privately managed care plans for the
2 reasonable costs of delivering health services to Indians
3 entitled to receive services from the Service, an Indian
4 tribe, tribal organization, or urban Indian organization.

5 “(2) No provision of a contract, regulation or statute
6 may be relied upon or interpreted to deny or reduce pay-
7 ments otherwise due under this section, except to the ex-
8 tent the Service, Indian tribe, tribal organization, or urban
9 Indian organization has entered into an agreement with
10 the managed care plan regarding services to be provided
11 or rates to be paid, provided that such an agreement may
12 not be made a prerequisite for such payments to be made.

13 “(3) Payments due under this section may not be less
14 than those paid to a ‘preferred provider’ under the man-
15 aged care plan or, in the event there is no such rate, the
16 usual and customary fee for equivalent services.

17 “(4) A managed care plan may not deny payment
18 under this section because the insured or covered bene-
19 ficiary of the plan has not submitted a claim.

20 “(5) Notwithstanding paragraphs (1) through (4) of
21 this section, the Indian Health Service, an Indian tribe,
22 tribal organization, or urban Indian organization that pro-
23 vides a health service to an Indian entitled under title XIX
24 (medicaid) or enrolled under title XXI (children’s health
25 insurance program) of the Social Security Act to receive

1 such services shall have the right to be paid directly by
2 the State's Medicaid or children's health insurance pro-
3 gram notwithstanding any agreements the State may have
4 entered into with managed care organizations or pro-
5 viders.

6 “(6) A managed care organization that is enrolled in
7 a State Medicaid program must as a condition of such
8 enrollment offer a contract to health programs adminis-
9 tered by the Indian Health Service, an Indian tribe, tribal
10 organization, or urban Indian organization that provides
11 health services in the geographic area served by the man-
12 aged care organization and such contract (or other pro-
13 vider participation agreement) shall contain terms and
14 conditions of participation and payment no more restric-
15 tive or onerous than those provided for in this section.

16 “(b) PROHIBIT AUTO- AND DEFAULT ASSIGN-
17 MENT.—Notwithstanding any other provision of law or
18 any waiver granted by the Secretary, no Indian may be
19 assigned automatically or by default under any managed
20 care plan paid under title XIX (medicaid) or title XXI
21 (children's health insurance program) of the Social Secu-
22 rity Act unless the person had the option of enrolling in
23 a managed care plan or health program administered by
24 the Service, an Indian tribe, tribal organization, or urban
25 Indian organization in which case an Indian may be as-

1 signed only to such a managed care plan or health pro-
2 gram.

3 “(c) INDIAN MANAGED CARE PLANS.—Notwith-
4 standing any other provision of law, any State entering
5 into agreements with one or more managed care organiza-
6 tions to provide services under title XIX or title XXI of
7 the Social Security Act must enter into such an agreement
8 with the Service, an Indian tribe, tribal organization, or
9 urban Indian organization that can provide services to In-
10 dians who may be eligible or required to enroll in such
11 a managed care plan similar to those to be offered by
12 other managed care organizations. The Secretary and the
13 State are hereby authorized to waive requirements regard-
14 ing discrimination, capitalization, and other matters that
15 might otherwise prevent the Indian managed care organi-
16 zation or health program from meeting Federal or State
17 standards applicable to such organizations, provided such
18 Indian managed care organization or health program must
19 be able to offer its Indian enrollees services of an equiva-
20 lent quality to that required of other managed care organi-
21 zations.

22 “(d) ADVERTISING.—A managed care organization
23 entering into contracts to provide services to Indians on
24 or near an Indian reservation shall provide a certificate
25 of coverage or similar type of document that is written

1 in the Indian language of the majority of the Indian popu-
2 lation residing on such reservation.

3 **“SEC. 421. NAVAJO NATION MEDICAID AGENCY.**

4 “(a) Notwithstanding any other provision of law, the
5 Secretary is authorized to treat the Navajo Nation as a
6 State for the purposes of title XIX of the Social Security
7 Act, to provide services to Indians living within the bound-
8 aries of the Navajo Nation.

9 “(b) Notwithstanding any other provision of law, the
10 Secretary shall have the authority to assign and pay all
11 funds for the provision of services to Indians living within
12 the boundaries of the Navajo Nation under title XIX of
13 the Social Security Act and related administrative funds
14 under title XIX (medicaid) of the Social Security Act,
15 which are currently paid to or would otherwise be paid
16 to the States of Arizona, New Mexico, and Utah, to an
17 entity established by the Navajo Nation and approved by
18 the Secretary, which shall be denominated the Navajo Na-
19 tion Medicaid Agency.

20 “(c) The Navajo Nation Medicaid Agency shall serve
21 Indians living within the boundaries of the Navajo Nation
22 and shall have the same authority and perform the same
23 functions as other single State medicaid agencies.

24 “(d) The Secretary is authorized to directly assist the
25 Navajo Nation in the development and implementation of

1 a Navajo Nation Medicaid Agency for the administration,
2 eligibility, payment, and delivery of Medicaid eligible serv-
3 ices, including western and traditional Navajo healing
4 services, within the Navajo Nation.

5 “(e) Notwithstanding section 1905(b) of the Social
6 Security Act, the Federal medical assistance percentage
7 shall be 100 per centum with respect to amounts the Nav-
8 ajo Nation Medicaid Agency expends for medical assist-
9 ance for services and for related administrative costs.

10 “(f) The Secretary is further authorized to assist the
11 Navajo Nation by providing funding including demonstra-
12 tion grant funding for this project.

13 “(g) The Secretary shall have the authority to waive
14 applicable provisions of title XIX of the Social Security
15 Act to establish, develop, and implement the Navajo Na-
16 tion Medicaid Agency.

17 “(h) In the option of the Navajo Nation, the Sec-
18 retary is authorized to treat the Navajo Nation as a State
19 for the purposes of title XXI (children’s health insurance
20 program) under terms equivalent to those described in
21 subsections (a) through (g) of this section.

22 **“SEC. 422. INDIAN ADVISORY COMMITTEES.**

23 “(a) NATIONAL INDIAN TECHNICAL ADVISORY
24 GROUP.—The Health Care Financing Administration
25 shall establish and fund the expenses of a National Indian

1 Technical Advisory Group which shall have no fewer than
2 14 members including at least 1 member designated by
3 the Indian tribes and tribal organizations in each service
4 area, 1 urban Indian organization representative, and 1
5 member representing the Indian Health Service. The
6 scope of the activities of such group shall be established
7 under section 802. Such scope shall include providing com-
8 ment on and advice regarding the programs funded under
9 titles XVIII, XIX, and XXI of the Social Security Act or
10 any other health care program funded (in whole or part)
11 by the Health Care Financing Administration.

12 “(b) INDIAN MEDICAID ADVISORY COMMITTEES.—
13 The Health Care Financing Administration shall establish
14 and provide funding for an Indian Medicaid Advisory
15 Committee made up of designees of the Indian Health
16 Service, Indian tribes, tribal organizations, and urban In-
17 dian organizations in each State in which the Indian
18 Health Service directly operates a health program or in
19 which there is 1 or more Indian tribe, tribal organization,
20 or urban Indian organization.

21 **“SEC. 423. LIMITATIONS ON CHARGES.**

22 “No provider of health services that is eligible to re-
23 ceive payments or reimbursements from under title XVIII,
24 XIX, or XXI of the Social Security Act or from any feder-

1 ally funded (whether in whole or part) health care pro-
2 gram may seek to recover payment for services—

3 “(1) that are covered under and furnished to an
4 individual eligible for the contract health services
5 program operated by the Indian Health Service, by
6 an Indian tribe or tribal organization or furnished to
7 an urban Indian eligible for health services pur-
8 chased by an urban Indian organization (as those
9 terms are defined in section 4 of the Indian Health
10 Care Improvement Act), an amount in excess of the
11 lowest amount paid by any other payor for com-
12 parable services; or

13 “(2) for examinations or other diagnostic proce-
14 dures that are not medically necessary if such proce-
15 dures have already been performed by the referring
16 Indian health program and reported to the provider.

17 **“SEC. 424. AUTHORIZATION OF APPROPRIATIONS.**

18 “There are authorized to be appropriated such sums
19 as may be necessary for each fiscal year through fiscal
20 year 2012 to carry out this title.

1 **“TITLE V—HEALTH SERVICES**
2 **FOR URBAN INDIANS**

3 **“SEC. 501. PURPOSE.**

4 “The purpose of this title is to establish programs
5 in urban centers to make health services more accessible
6 and available to urban Indians.

7 **“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN IN-**
8 **DIAN ORGANIZATIONS.**

9 “Under authority of the Act of November 2, 1921
10 (25 U.S.C. 13), popularly known as the Snyder Act, the
11 Secretary, through the Service, shall enter into contracts
12 with, or make grants to, urban Indian organizations to
13 assist such organizations in the establishment and admin-
14 istration, within urban centers, of programs which meet
15 the requirements set forth in this title. The Secretary,
16 through the Service, subject to subsection 506, shall in-
17 clude such conditions as the Secretary considers necessary
18 to effect the purpose of this title in any contract which
19 the Secretary enters into with, or in any grant the Sec-
20 retary makes to, any urban Indian organization pursuant
21 to this title.

22 **“SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION**
23 **OF HEALTH CARE AND REFERRAL SERVICES.**

24 “(a) Under authority of the Act of November 2, 1921
25 (25 U.S.C. 13), popularly known as the Snyder Act, the

1 Secretary, through the Service, shall enter into contracts
2 with, and make grants to, urban Indian organizations for
3 the provision of health care and referral services for urban
4 Indians. Any such contract or grant shall include require-
5 ments that the urban Indian organization successfully un-
6 dertake to—

7 “(1) estimate the population of urban Indians
8 residing in the urban center or centers that the or-
9 ganization proposes to serve who are or could be re-
10 cipients of health care or referral services;

11 “(2) estimate the current health status of
12 urban Indians residing in such urban center or cen-
13 ters;

14 “(3) estimate the current health care needs of
15 urban Indians residing in such urban center or cen-
16 ters;

17 “(4) provide basic health education, including
18 health promotion and disease prevention education,
19 to urban Indians;

20 “(5) make recommendations to the Secretary
21 and Federal, State, local, and other resource agen-
22 cies on methods of improving health service pro-
23 grams to meet the needs of urban Indians; and

1 “(6) where necessary, provide, or enter into
2 contracts for the provision of, health care services
3 for urban Indians.

4 “(b) The Secretary, through the Service, shall by reg-
5 ulation adopted pursuant to section 520 prescribe the cri-
6 teria for selecting urban Indian organizations to enter into
7 contracts or receive grants under this section. Such cri-
8 teria shall, among other factors, include—

9 “(1) the extent of unmet health care needs of
10 urban Indians in the urban center or centers in-
11 volved;

12 “(2) the size of the urban Indian population in
13 the urban center or centers involved;

14 “(3) the extent, if any, to which the activities
15 set forth in subsection (a) would duplicate any
16 project funded under this title;

17 “(4) the capability of an urban Indian organiza-
18 tion to perform the activities set forth in subsection
19 (a) and to enter into a contract with the Secretary
20 or to meet the requirements for receiving a grant
21 under this section;

22 “(5) the satisfactory performance and success-
23 ful completion by an urban Indian organization of
24 other contracts with the Secretary under this title;

1 “(6) the appropriateness and likely effectiveness
2 of conducting the activities set forth in subsection
3 (a) in an urban center or centers; and

4 “(7) the extent of existing or likely future par-
5 ticipation in the activities set forth in subsection (a)
6 by appropriate health and health-related Federal,
7 State, local, and other agencies.

8 “(c) The Secretary shall facilitate access to, or pro-
9 vide, health promotion and disease prevention services for
10 urban Indians through grants made to urban Indian orga-
11 nizations administering contracts entered into pursuant to
12 this section or receiving grants under subsection (a).

13 “(d)(1) The Secretary shall facilitate access to, or
14 provide, immunization services for urban Indians through
15 grants made to urban Indian organizations administering
16 contracts entered into or receiving grants under this sec-
17 tion.

18 “(2) For purposes of this subsection, the term ‘immu-
19 nization services’ means services to provide without charge
20 immunizations against vaccine-preventable diseases.

21 “(e)(1) The Secretary shall facilitate access to, or
22 provide, mental health services for urban Indians through
23 grants made to urban Indian organizations administering
24 contracts entered into pursuant to this section or receiving
25 grants under subsection (a).

1 “(2) A grant may not be made under this subsection
2 to an urban Indian organization until that organization
3 has prepared, and the Service has approved, an assess-
4 ment of the mental health needs of the urban Indian popu-
5 lation concerned, the mental health services, and other re-
6 lated resources available to that population, the barriers
7 to obtaining those services and resources, and the needs
8 that are unmet by such services and resources.

9 “(3) Grants may be made under this subsection—

10 “(A) to prepare assessments required under
11 paragraph (2);

12 “(B) to provide outreach, educational, and re-
13 ferral services to urban Indians regarding the avail-
14 ability of direct behavioral health services, to educate
15 urban Indians about behavioral health issues and
16 services, and effect coordination with existing behav-
17 ioral health providers in order to improve services to
18 urban Indians;

19 “(C) to provide outpatient behavioral health
20 services to urban Indians, including the identifica-
21 tion and assessment of illness, therapeutic treat-
22 ments, case management, support groups, family
23 treatment, and other treatment; and

1 “(D) to develop innovative behavioral health
2 service delivery models which incorporate Indian cul-
3 tural support systems and resources.

4 “(f)(1) The Secretary shall facilitate access to, or
5 provide, services for urban Indians through grants to
6 urban Indian organizations administering contracts en-
7 tered into pursuant to this section or receiving grants
8 under subsection (a) to prevent and treat child abuse (in-
9 cluding sexual abuse) among urban Indians.

10 “(2) A grant may not be made under this subsection
11 to an urban Indian organization until that organization
12 has prepared, and the Service has approved, an assess-
13 ment that documents the prevalence of child abuse in the
14 urban Indian population concerned and specifies the serv-
15 ices and programs (which may not duplicate existing serv-
16 ices and programs) for which the grant is requested.

17 “(3) Grants may be made under this subsection—

18 “(A) to prepare assessments required under
19 paragraph (2);

20 “(B) for the development of prevention, train-
21 ing, and education programs for urban Indian popu-
22 lations, including child education, parent education,
23 provider training on identification and intervention,
24 education on reporting requirements, prevention

1 campaigns, and establishing service networks of all
2 those involved in Indian child protection; and

3 “(C) to provide direct outpatient treatment
4 services (including individual treatment, family
5 treatment, group therapy, and support groups) to
6 urban Indians who are child victims of abuse (in-
7 cluding sexual abuse) or adult survivors of child sex-
8 ual abuse, to the families of such child victims, and
9 to urban Indian perpetrators of child abuse (includ-
10 ing sexual abuse).

11 “(4) In making grants to carry out this subsection,
12 the Secretary shall take into consideration—

13 “(A) the support for the urban Indian organiza-
14 tion demonstrated by the child protection authorities
15 in the area, including committees or other services
16 funded under the Indian Child Welfare Act of 1978
17 (25 U.S.C. 1901 et seq.), if any;

18 “(B) the capability and expertise demonstrated
19 by the urban Indian organization to address the
20 complex problem of child sexual abuse in the com-
21 munity; and

22 “(C) the assessment required under paragraph
23 (2).

24 “(g) The Secretary, through the Service, may enter
25 into a contract with, or make grants to, an urban Indian

1 organization that provides or arranges for the provision
2 of health care services (through satellite facilities, provider
3 networks, or otherwise) to urban Indians in more than 1
4 urban center.

5 **“SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINA-**
6 **TION OF UNMET HEALTH CARE NEEDS.**

7 “(a) Under authority of the Act of November 2, 1921
8 (25 U.S.C. 13), popularly known as the Snyder Act, the
9 Secretary, through the Service, may enter into contracts
10 with, or make grants to, urban Indian organizations situ-
11 ated in urban centers for which contracts have not been
12 entered into, or grants have not been made, under section
13 503. The purpose of a contract or grant made under this
14 section shall be the determination of the matters described
15 in subsection (b)(1) in order to assist the Secretary in as-
16 sessing the health status and health care needs of urban
17 Indians in the urban center involved and determining
18 whether the Secretary should enter into a contract or
19 make a grant under section 503 with respect to the urban
20 Indian organization which the Secretary has entered into
21 a contract with, or made a grant to, under this section.

22 “(b) Any contract entered into, or grant made, by
23 the Secretary under this section shall include requirements
24 that—

1 “(1) the urban Indian organization successfully
2 undertakes to—

3 “(A) document the health care status and
4 unmet health care needs of urban Indians in
5 the urban center involved; and

6 “(B) with respect to urban Indians in the
7 urban center involved, determine the matters
8 described in paragraphs (2), (3), (4), and (7) of
9 section 503(b); and

10 “(2) the urban Indian organization complete
11 performance of the contract, or carry out the re-
12 quirements of the grant, within 1 year after the date
13 on which the Secretary and such organization enter
14 into such contract, or within 1 year after such orga-
15 nization receives such grant, whichever is applicable.

16 “(c) The Secretary may not renew any contract en-
17 tered into, or grant made, under this section.

18 **“SEC. 505. EVALUATIONS; RENEWALS.**

19 “(a) The Secretary shall develop procedures to evalu-
20 ate compliance with grant requirements under this title
21 and compliance with, and performance of contracts en-
22 tered into by urban Indian organizations under this title.
23 Such procedures shall include provisions for carrying out
24 the requirements of this section.

1 “(b) The Secretary shall evaluate the compliance of
2 each urban Indian organization which has entered into a
3 contract or received a grant under section 503 with the
4 terms of such contract or grant. For purposes of this eval-
5 uation, the Secretary, in determining the capacity of an
6 urban Indian organization to deliver quality patient care
7 shall, at the option of the organization—

8 “(1) through the Service conduct an annual on-
9 site evaluation of the organization; or

10 “(2) accept in lieu of such onsite evaluation evi-
11 dence of the organization’s provisional or full accred-
12 itation by a private independent entity recognized by
13 the Secretary for purposes of conducting quality re-
14 views or providers participating in the Medicare pro-
15 gram under title XVIII of the Social Security Act.

16 “(c) If, as a result of the evaluations conducted under
17 this section, the Secretary determines that an urban In-
18 dian organization has not complied with the requirements
19 of a grant or complied with or satisfactorily performed a
20 contract under section 503, the Secretary shall, prior to
21 renewing such contract or grant, attempt to resolve with
22 such organization the areas of noncompliance or unsatis-
23 factory performance and modify such contract or grant to
24 prevent future occurrences of such noncompliance or un-
25 satisfactory performance. If the Secretary determines that

1 such noncompliance or unsatisfactory performance cannot
2 be resolved and prevented in the future, the Secretary
3 shall not renew such contract or grant with such organiza-
4 tion and is authorized to enter into a contract or make
5 a grant under section 503 with another urban Indian or-
6 ganization which is situated in the same urban center as
7 the urban Indian organization whose contract or grant is
8 not renewed under this section.

9 “(d) In determining whether to renew a contract or
10 grant with an urban Indian organization under section
11 503 which has completed performance of a contract or
12 grant under section 504, the Secretary shall review the
13 records of the urban Indian organization, the reports sub-
14 mitted under section 507, and, in the case of a renewal
15 of a contract or grant under section 503, shall consider
16 the results of the onsite evaluations or accreditations
17 under subsection (b).

18 **“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.**

19 “(a) Contracts with urban Indian organizations en-
20 tered into pursuant to this title shall be in accordance with
21 all Federal contracting laws and regulations relating to
22 procurement except that in the discretion of the Secretary,
23 such contracts may be negotiated without advertising and
24 need not conform to the provisions of the Act of August
25 24, 1935 (40 U.S.C. 270a et seq.).

1 “(b) Payments under any contracts or grants pursu-
2 ant to this title shall, notwithstanding any term or condi-
3 tion of such contract or grant—

4 “(1) be made in their entirety by the Secretary
5 to the urban Indian organization by no later than
6 the end of the first 30 days of the funding period
7 with respect to which the payments apply, unless the
8 Secretary determines through an evaluation under
9 section 505 that the organization is not capable of
10 administering such payments in their entirety; and

11 “(2) if unexpended by the urban Indian organi-
12 zation during the funding period with respect to
13 which the payments initially apply, shall be carried
14 forward for expenditure with respect to allowable or
15 reimbursable costs incurred by the organization dur-
16 ing one or more subsequent funding periods without
17 additional justification or documentation by the or-
18 ganization as a condition of carrying forward the ex-
19 penditure of such funds.

20 “(c) Notwithstanding any provision of law to the con-
21 trary, the Secretary may, at the request or consent of an
22 urban Indian organization, revise or amend any contract
23 entered into by the Secretary with such organization under
24 this title as necessary to carry out the purposes of this
25 title.

1 “(d) Contracts with or grants to urban Indian organi-
2 zations and regulations adopted pursuant to this title shall
3 include provisions to assure the fair and uniform provision
4 to urban Indians of services and assistance under such
5 contracts or grants by such organizations.

6 “(e) Urban Indians, as defined under section 4(t) of
7 this Act, shall be eligible for health care or referral serv-
8 ices provided pursuant to this title.

9 **“SEC. 507. REPORTS AND RECORDS.**

10 “(a) For each fiscal year during which an urban In-
11 dian organization receives or expends funds pursuant to
12 a contract entered into, or a grant received, pursuant to
13 this title, such organization shall submit to the Secretary
14 on a basis no more frequent than every 6 months,
15 including—

16 “(1) in the case of a contract or grant under
17 section 503, information gathered pursuant to para-
18 graph (5) of subsection (a) of such section;

19 “(2) information on activities conducted by the
20 organization pursuant to the contract or grant;

21 “(3) an accounting of the amounts and purpose
22 for which Federal funds were expended; and

23 “(4) a minimum set of data, using uniformly
24 defined elements, that is specified by the Secretary

1 in consultation consistent with section 514, with
2 urban Indian organizations.

3 “(b) The reports and records of the urban Indian or-
4 ganization with respect to a contract or grant under this
5 title shall be subject to audit by the Secretary and the
6 Comptroller General of the United States.

7 “(c) The Secretary shall allow as a cost of any con-
8 tract or grant entered into or awarded under section 502
9 or 503 the cost of an annual independent financial audit
10 conducted by—

11 “(1) a certified public accountant; or

12 “(2) a certified public accounting firm qualified
13 to conduct Federal compliance audits.

14 **“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.**

15 “The authority of the Secretary to enter into con-
16 tracts or to award grants under this title shall be to the
17 extent, and in an amount, provided for in appropriation
18 Acts.

19 **“SEC. 509. FACILITIES.**

20 “(a) The Secretary may make grants to contractors
21 or grant recipients under this title for the lease, purchase,
22 renovation, construction, or expansion of facilities, includ-
23 ing leased facilities, in order to assist such contractors or
24 grant recipients in complying with applicable licensure or
25 certification requirements.

1 “(b) The Secretary, acting through the Service or
2 through the Health Resources and Services Administra-
3 tion, may provide to contractors or grant recipients under
4 this title loans from the Urban Indian Health Care Facili-
5 ties Revolving Loan Fund (hereinafter in this section re-
6 ferred to as the ‘URLF’) described in subsection (c), or
7 guarantees for loans, for the construction, renovation, ex-
8 pansion, or purchase of health care facilities, subject to
9 the following requirements:

10 “(1) The principal amount of a loan or loan
11 guarantee may cover 100 percent of the costs (other
12 than staffing) relating to the facility, including plan-
13 ning, design, financing, site land development, con-
14 struction, rehabilitation, renovation, conversion,
15 medical equipment, furnishings, and capital pur-
16 chase.

17 “(2) The total of the principal of loans and loan
18 guarantees, respectively, outstanding at any one
19 time shall not exceed such limitations as may be
20 specified in appropriation Acts.

21 “(3) The loan or loan guarantee may have a
22 term of the shorter of the estimated useful life of the
23 facility, or 25 years.

24 “(4) An urban Indian organization may assign,
25 and the Secretary may accept assignment of, the

1 revenue of the organization as security for a loan or
2 loan guarantee under this subsection.

3 “(5) The Secretary shall not collect application,
4 processing, or similar fees from urban Indian organi-
5 zations applying for loans or loan guarantees under
6 this subsection.

7 “(c)(1) There is established in the Treasury of the
8 United States a fund to be known as the Urban Indian
9 Health Care Facilities Revolving Loan Fund. The URLF
10 shall consist of—

11 “(A) such amounts as may be appropriated to
12 the URLF;

13 “(B) amounts received from urban Indian orga-
14 nizations in repayment of loans made to such orga-
15 nizations under paragraph (2); and

16 “(C) interest earned on amounts in the URLF
17 under paragraph (3).

18 “(2) Amounts in the URLF may be expended by the
19 Secretary, acting through the Service or the Health Re-
20 sources and Services Administration, to make loans avail-
21 able to urban Indian organizations receiving grants or con-
22 tracts under this title for the purposes, and subject to the
23 requirements, described in subsection (b). Amounts appro-
24 priated to the URLF, amounts received from urban In-
25 dian organizations in repayment of loans, and interest on

1 amounts in the URLF shall remain available until ex-
2 pended.

3 “(3) The Secretary of the Treasury shall invest such
4 amounts of the URLF as such Secretary determines are
5 not required to meet current withdrawals from the URLF.
6 Such investments may be made only in interest-bearing
7 obligations of the United States. For such purpose, such
8 obligations may be acquired on original issue at the issue
9 price, or by purchase of outstanding obligations at the
10 market price. Any obligation acquired by the URLF may
11 be sold by the Secretary of the Treasury at the market
12 price.

13 **“SEC. 510. OFFICE OF URBAN INDIAN HEALTH.**

14 “There is hereby established within the Service an
15 Office of Urban Indian Health, which shall be responsible
16 for—

17 “(1) carrying out the provisions of this title;

18 “(2) providing central oversight of the pro-
19 grams and services authorized under this title; and

20 “(3) providing technical assistance to urban In-
21 dian organizations.

22 **“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE**
23 **RELATED SERVICES.**

24 “(a) The Secretary may make grants for the provi-
25 sion of health-related services in prevention of, treatment

1 of, rehabilitation of, or school and community-based edu-
2 cation in, alcohol and substance abuse in urban centers
3 to those urban Indian organizations with which the Sec-
4 retary has entered into a contract under this title or under
5 section 201.

6 “(b) Each grant made pursuant to subsection (a)
7 shall set forth the goals to be accomplished pursuant to
8 the grant. The goals shall be specific to each grant as
9 agreed to between the Secretary and the grantee.

10 “(c) The Secretary shall establish criteria for the
11 grants made under subsection (a), including criteria relat-
12 ing to the—

13 “(1) size of the urban Indian population;

14 “(2) capability of the organization to adequately
15 perform the activities required under the grant;

16 “(3) satisfactory performance standards for the
17 organization in meeting the goals set forth in such
18 grant, which standards shall be negotiated and
19 agreed to between the Secretary and the grantee on
20 a grant-by-grant basis; and

21 “(4) identification of need for services.

22 The Secretary shall develop a methodology for allocating
23 grants made pursuant to this section based on such cri-
24 teria.

1 “(d) Any funds received by an urban Indian organiza-
2 tion under this Act for substance abuse prevention, treat-
3 ment, and rehabilitation shall be subject to the criteria set
4 forth in subsection (c).

5 **“SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION**
6 **PROJECTS.**

7 “(a)(1) Notwithstanding any other provision of law,
8 the Oklahoma City Clinic demonstration project shall be
9 treated as a service unit in the allocation of resources and
10 coordination of care and shall not be subject to the provi-
11 sions of the Indian Self-Determination and Education As-
12 sistance Act for the term of such project. The Secretary
13 shall provide assistance to such project in the development
14 of resources and equipment and facility needs.

15 “(2) The Secretary shall submit to the President, for
16 inclusion in the report required to be submitted to the
17 Congress under section 801 for fiscal year 1999, a report
18 on the findings and conclusions derived from the dem-
19 onstration project specified in paragraph (1).

20 “(b) Notwithstanding any other provision of law, the
21 Tulsa Clinic demonstration project shall become perma-
22 nent programs within the Service’s direct care program
23 and continue to be treated as service units in the allocation
24 of resources and coordination of care, and shall continue
25 to meet the requirements and definitions of an urban In-

1 dian organization in this title, and as such will not be sub-
2 ject to the provisions of the Indian Self-Determination and
3 Education Assistance Act.

4 **“SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.**

5 “(a) The Secretary shall, through the Office of Urban
6 Indian Health of the Service, make grants or enter into
7 contracts effective no later than September 30, 2001, with
8 urban Indian organizations for the administration of
9 urban Indian alcohol programs that were originally estab-
10 lished under the National Institute on Alcoholism and Al-
11 cohool Abuse (hereafter in this section referred to as
12 ‘NIAAA’) and transferred to the Service.

13 “(b) Grants provided or contracts entered into under
14 this section shall be used to provide support for the con-
15 tinuation of alcohol prevention and treatment services for
16 urban Indian populations and such other objectives as are
17 agreed upon between the Service and a recipient of a grant
18 or contract under this section.

19 “(c) Urban Indian organizations that operate Indian
20 alcohol programs originally funded under the NIAAA and
21 subsequently transferred to the Service are eligible for
22 grants or contracts under this section.

23 “(d) The Secretary shall evaluate and report to the
24 Congress on the activities of programs funded under this
25 section at least every 5 years.

1 **“SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZA-**
2 **TIONS.**

3 “(a) The Secretary shall ensure that the Service, the
4 Health Care Financing Administration, and other oper-
5 ating divisions and staff divisions of the Department con-
6 sult, to the greatest extent practicable, with urban Indian
7 organizations (as defined in section 4(w)) prior to taking
8 any action, or approving Federal financial assistance for
9 any action of a State, that may affect urban Indians or
10 urban Indian organizations.

11 “(b) For purposes of subsection (a), consultation is
12 the open and free exchange of information and opinion
13 among urban Indian organizations and the operating and
14 staff divisions of the Department which leads to mutual
15 understanding and comprehension and which emphasizes
16 trust, respect, and shared responsibility.

17 **“SEC. 515. FEDERAL TORT CLAIMS ACT COVERAGE.**

18 “For purposes of section 224 of the Public Health
19 Service Act of July 1, 1944 (42 U.S.C. 233(a)) with re-
20 spect to claims by any person, initially filed on or after
21 October 1, 1999, whether or not such person is an Indian
22 or Alaska Native or is served on a fee basis or under other
23 circumstances as permitted by Federal law or regulations,
24 for personal injury, including death, resulting from the
25 performance prior to, including, or after October 1, 1999,
26 of medical, surgical, dental, or related functions, including

1 the conduct of clinical studies or investigations, or for pur-
2 poses of section 2679 of title 28, United States Code, with
3 respect to claims by any such person, on or after October
4 1, 1999, for personal injury, including death, resulting
5 from the operation of an emergency motor vehicle, an
6 urban Indian organization that has entered into a contract
7 or received a grant pursuant to this title is deemed to be
8 part of the Public Health Service in the Department of
9 Health and Human Services while carrying out any such
10 contract or grant and its employees (including those act-
11 ing on behalf of the organization as provided in section
12 2671 of title 28, United States Code, and including an
13 individual who provides health care services pursuant to
14 a personal services contract with an urban Indian organi-
15 zation for the provision of services in any facility owned,
16 operated, or constructed under the jurisdiction of the In-
17 dian Health Service) are deemed employees of the Service
18 while acting within the scope of their employment in car-
19 rying out the contract or grant. Such employees shall be
20 deemed to be acting within the scope of their employment
21 in carrying out the contract or grant when they are re-
22 quired, by reason of their employment, to perform medical,
23 surgical, dental, or related functions at a facility other
24 than a facility operated by the urban Indian organization
25 pursuant to such contract or grant, but only if such em-

1 ployees are not compensated for the performance of such
2 functions by a person or entity other than the urban In-
3 dian organization.

4 **“SEC. 516. URBAN YOUTH TREATMENT CENTER DEM-**
5 **ONSTRATION.**

6 “(a) The Secretary shall, through grant or contract,
7 make payment for the construction and operation of at
8 least 2 residential treatment centers in each State de-
9 scribed in subsection (b) to demonstrate the provision of
10 alcohol and substance abuse treatment services to urban
11 Indian youth in a culturally competent residential setting.

12 “(b) A State described in this subsection is a State
13 in which—

14 “(1) there reside urban Indian youth with need
15 for alcohol and substance abuse treatment services
16 in a residential setting; and

17 “(2) there is a significant shortage of culturally
18 competent residential treatment services for urban
19 Indian youth.

20 **“SEC. 517. USE OF FEDERAL GOVERNMENT FACILITIES AND**
21 **SOURCES OF SUPPLY.**

22 “(a) The Secretary shall permit an urban Indian or-
23 ganization that has entered into a contract or received a
24 grant pursuant to this title, in carrying out such contract
25 or grant, to use existing facilities and all equipment there-

1 in or pertaining thereto and other personal property
2 owned by the Federal Government within the Secretary's
3 jurisdiction under such terms and conditions as may be
4 agreed upon for their use and maintenance.

5 “(b) Subject to subsection (d), the Secretary may do-
6 nate to an urban Indian organization that has entered into
7 a contract or received a grant pursuant to this title any
8 personal or real property determined to be excess to the
9 needs of the Indian Health Service or the General Services
10 Administration for purposes of carrying out the contract
11 or grant.

12 “(c) The Secretary may acquire excess or surplus
13 government personal or real property for donation, subject
14 to subsection (d), to an urban Indian organization that
15 has entered into a contract or received a grant pursuant
16 to this title if the Secretary determines that the property
17 is appropriate for use by the urban Indian organization
18 for a purpose for which a contract or grant is authorized
19 under this title.

20 “(d) In the event that the Secretary receives a re-
21 quest for a specific item of personal or real property de-
22 scribed in subsection (b) or (c) from an urban Indian orga-
23 nization and from an Indian tribe or tribal organization,
24 the Secretary shall give priority to the request for dona-
25 tion of the Indian tribe or tribal organization if the Sec-

1 retary receives the request from the Indian tribe or tribal
2 organization before the date the Secretary transfers title
3 to the property or, if earlier, the date the Secretary trans-
4 fers the property physically, to the urban Indian organiza-
5 tion.

6 “(e) For purposes of section 201(a) of the Federal
7 Property and Administrative Services Act of 1949 (40
8 U.S.C. 481(a)) (relating to Federal sources of supply, in-
9 cluding lodging providers, airlines, and other transpor-
10 tation providers), an urban Indian organization that has
11 entered into a contract or received a grant pursuant to
12 this title shall be deemed an executive agency when car-
13 rying out such contract or grant, and the employees of
14 the urban Indian organization shall be eligible to have ac-
15 cess to such sources of supply on the same basis as em-
16 ployees of an executive agency have such access.

17 **“SEC. 518. GRANTS FOR DIABETES PREVENTION, TREAT-**
18 **MENT, AND CONTROL.**

19 “(a) The Secretary may make grants to those urban
20 Indian organizations that have entered into a contract or
21 have received a grant under this title for the provision of
22 services for the prevention, treatment, and control of the
23 complications resulting from, diabetes among urban Indi-
24 ans.

1 “(b) Each grant made pursuant to subsection (a)
2 shall set forth the goals to be accomplished under the
3 grant. The goals shall be specific to each grant as agreed
4 to between the Secretary and the grantee.

5 “(c) The Secretary shall establish criteria for the
6 grants made under subsection (a) relating to—

7 “(1) the size and location of the urban Indian
8 population to be served;

9 “(2) the need for prevention of, treatment of,
10 and control of the complications resulting from dia-
11 betes among the urban Indian population to be
12 served;

13 “(3) performance standards for the organiza-
14 tion in meeting the goals set forth in such grant
15 that are negotiated and agreed to by the Secretary
16 and the grantee;

17 “(4) the capability of the organization to ade-
18 quately perform the activities required under the
19 grant; and

20 “(5) the willingness of the organization to col-
21 laborate with the registry, if any, established by the
22 Secretary under section 204(e) in the Area Office of
23 the Service in which the organization is located.

24 “(d) Any funds received by an urban Indian organiza-
25 tion under this Act for the prevention, treatment, and con-

1 trol of diabetes among urban Indians shall be subject to
2 the criteria developed by the Secretary under subsection
3 (c).

4 **“SEC. 519. COMMUNITY HEALTH REPRESENTATIVES.**

5 “The Secretary, through the Service, may enter into
6 contracts with, and make grants to, urban Indian organi-
7 zations for the use of Indians trained as health service
8 providers through the Community Health Representatives
9 Program under section 107(b) in the provision of health
10 care, health promotion, and disease prevention services to
11 urban Indians.

12 **“SEC. 520. REGULATIONS.**

13 “(a) The amendments to this title made by the Indian
14 Health Care Improvement Act Amendments of 2000 shall
15 be effective on the date of enactment of such amendments,
16 regardless of whether the Secretary has promulgated regu-
17 lations implementing such amendments have been promul-
18 gated.

19 “(b) The Secretary may promulgate regulations to
20 implement the provisions of this title.

21 “(1) Proposed regulations to implement this
22 Act shall be published in the Federal Register by the
23 Secretary no later than 270 days after the date of
24 enactment of this Act and shall have no less than a
25 120-day comment period.

“(c) The negotiated rulemaking committee described in this section shall be established pursuant to section 565 of title 5, United States Code, and shall have as the majority of its members representatives of urban Indian organizations from each service area in addition to Federal representatives.

12 **“SEC. 521. AUTHORIZATION OF APPROPRIATIONS.**

13 “There are authorized to be appropriated such sums
14 as may be necessary for each fiscal year through fiscal
15 year 2012 to carry out this title.

18 **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
19 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
20 **SERVICE.**

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1 the Public Health Service of the Department of Health
2 and Human Services the Indian Health Service. The In-
3 dian Health Service shall be administered by a Director,
4 who shall be appointed by the President, by and with the
5 advice and consent of the Senate. The Director of the In-
6 dian Health Service shall report to the Secretary through
7 the Assistant Secretary for Health of the Department of
8 Health and Human Services. Effective with respect to an
9 individual appointed by the President, by and with the ad-
10 vice and consent of the Senate, after January 1, 1993,
11 the term of service of the Director shall be 4 years. A
12 Director may serve more than 1 term.

13 “(b) The Indian Health Service shall be an agency
14 within the Public Health Service of the Department of
15 Health and Human Services, and shall not be an office,
16 component, or unit of any other agency of the Depart-
17 ment.

18 “(c) The Secretary shall carry out through the Direc-
19 tor of the Indian Health Service—

20 “(1) all functions which were, on the day before
21 the date of enactment of the Indian Health Care
22 Amendments of 1988, carried out by or under the
23 direction of the individual serving as Director of the
24 Indian Health Service on such day;

1 “(2) all functions of the Secretary relating to
2 the maintenance and operation of hospital and
3 health facilities for Indians and the planning for,
4 and provision and use of, health services for Indians;

5 “(3) all health programs under which health
6 care is provided to Indians based upon their status
7 as Indians which are administered by the Secretary,
8 including but not limited to programs under—

9 “(A) this Act;

10 “(B) the Act of November 2, 1921 (25
11 U.S.C. 13);

12 “(C) the Act of August 5, 1954 (42 U.S.C.
13 2001 et seq.);

14 “(D) the Act of August 16, 1957 (42
15 U.S.C. 2005 et seq.); and

16 “(E) the Indian Self-Determination and
17 Education Assistance Act (25 U.S.C. 450f et
18 seq.); and

19 “(4) all scholarship and loan functions carried
20 out under title I.

21 “(d)(1) The Director shall have the authority—

22 “(A) except to the extent provided in paragraph
23 (2), to appoint and compensate employees for the
24 Service in accordance with title 5, United States
25 Code;

1 “(B) to enter into contracts for the procure-
2 ment of goods and services to carry out the func-
3 tions of the Service; and

4 “(C) to manage, expend, and obligate all funds
5 appropriated for the Service.

6 “(2) Notwithstanding any other law, the provisions
7 of section 12 of the Act of June 18, 1934 (48 Stat. 986;
8 25 U.S.C. 472), shall apply to all personnel actions taken
9 with respect to new positions created within the Service
10 as a result of its establishment under subsection (a).

11 “(e) All personnel, records, equipment, facilities, and
12 interests in property that are administered by the Indian
13 Health Service shall be the transferred to the Indian
14 Health Service established by the amendment made by
15 subsection (a) of this section. All transfers must be accom-
16 plished within 9 months of the date of enactment of this
17 section. The Secretary is authorize to waive the Indian
18 preference laws on a case-by-case basis for temporary
19 transfers involved in implementing this section during
20 such 9-month period.

21 “(f)(1) Except as provided in paragraph (2), section
22 601 of the Indian Health Care Improvement Act shall take
23 effect 9 months from the date of the enactment of this
24 section.

1 “(2) Notwithstanding subsections (e) and (f)(1), any
2 action which carries out such section 601 that is taken
3 by the Secretary before the effective date of such section
4 601 shall be effective beginning on the date such action
5 was taken.

6 **“SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYS-**
7 **TEM.**

8 “(a)(1) The Secretary shall establish an automated
9 management information system for the Service.

10 “(2) The information system established under para-
11 graph (1) shall include—

12 “(A) a financial management system;

13 “(B) a patient care information system for each
14 area served by the Service;

15 “(C) a privacy component that protects the pri-
16 vacy of patient information held by, or on behalf of,
17 the Service;

18 “(D) a services-based cost accounting compo-
19 nent that provides estimates of the costs associated
20 with the provision of specific medical treatments or
21 services in each Area Office of the Service;

22 “(E) an interface mechanism for patient billing
23 and accounts receivable system; and

24 “(F) a training component.

1 “(b) The Secretary shall provide each Indian tribe
2 and tribal organization that provides health services under
3 a contract entered into with the Service under the Indian
4 Self-Determination and Education Assistance Act auto-
5 mated management information systems which—

6 “(1) meet the management information needs
7 of such Indian tribe or tribal organization with re-
8 spect to the treatment by the Indian tribe or tribal
9 organization of patients of the Service; and

10 “(2) meet the management information needs
11 of the Service.

12 “(c) Notwithstanding any other provision of law, each
13 patient shall have reasonable access to the medical or
14 health records of such patient which are held by, or on
15 behalf of, the Service.

16 “(d) The Director shall have the authority to enter
17 into contracts, agreements, or joint ventures with other
18 Federal agencies, States, private and nonprofit organiza-
19 tions, for the purpose of enhancing information technology
20 in Indian health programs and facilities.

21 **“SEC. 603. AUTHORIZATION OF APPROPRIATIONS.**

22 ““There are authorized to be appropriated such sums
23 as may be necessary for each fiscal year through fiscal
24 year 2012 to carry out this title.

**“TITLE VII—BEHAVIORAL
HEALTH PROGRAMS**

**“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREAT-
MENT SERVICES.**

“(a) The purposes of this section are to—

“(1) authorize and direct the Secretary, acting through the Indian Health Service, and willing Indian tribes, tribal organizations, and urban Indian organizations, to develop a comprehensive behavioral health prevention and treatment program which emphasizes collaboration among alcohol and substance abuse, social services, and mental health programs;

“(2) provide information, direction, and guidance relating to mental illness and dysfunction and self-destructive behavior, including child abuse and family violence, to those Federal, tribal, State, and local agencies responsible for programs in Indian communities in areas of health care, education, social services, child and family welfare, alcohol and substance abuse, law enforcement, and judicial services;

“(3) assist Indian tribes to identify services and resources available to address mental illness and dysfunctional and self-destructive behavior;

1 “(4) provide authority and opportunities for In-
2 dian tribes to develop and implement, and coordinate
3 with, community-based programs which include iden-
4 tification, prevention, education, referral, and treat-
5 ment services, including through multidisciplinary
6 resource teams;

7 “(5) ensure that Indians, as citizens of the
8 United States and of the States in which they re-
9 side, have the same access to behavioral health serv-
10 ices to which all citizens have access; and

11 “(6) modify or supplement existing programs
12 and authorities in the areas identified in paragraph
13 (2).

14 “(b)(1) The Secretary, acting through the Service,
15 and willing Indian tribes, tribal organizations, and urban
16 Indian organizations, shall encourage Indian tribes and
17 tribal organizations to develop tribal plans, and urban In-
18 dian organizations to develop local plans, and for all such
19 groups to participate in developing area-wide plans for In-
20 dian Behavioral Health Services. The plans shall include,
21 to the extent feasible, the following components:

22 “(A) An assessment of the scope of the problem
23 of alcohol or other substance abuse, mental illness,
24 and dysfunctional and self-destructive behavior, in-

1 including suicide, child abuse, and family violence,
2 among Indians, including—

3 “(i) the number of Indians served who are
4 directly or indirectly affected by such illness or
5 behavior, and

6 “(ii) an estimate of the financial and
7 human cost attributable to such illness or be-
8 havior.

9 “(B) An assessment of the existing and addi-
10 tional resources necessary for the prevention and
11 treatment of such illness and behavior, including an
12 assessment of the progress toward achieving the
13 availability of the full continuum of care described in
14 subsection (c).

15 “(C) An estimate of the additional funding
16 needed by the Service, Indian tribes, tribal organiza-
17 tions, and urban Indian organizations to meet their
18 responsibilities under the plans.

19 “(2) The Secretary shall establish a national clearing-
20 house of plans and reports on the outcomes of such plans
21 developed by Indian tribes, tribal organizations, and by
22 Areas relating to Behavioral Health. The Secretary shall
23 ensure access to these plans and outcomes by any Indian
24 tribe, tribal organization, urban organization, or the Serv-
25 ice.

1 “(3) The Secretary shall provide technical assistance
2 to Indian tribes, tribal organizations, and urban Indian
3 organizations in preparation of their plans and in devel-
4 oping standards of care that may be used and adopted
5 locally.

6 “(c) The Secretary, acting through the Service and
7 willing Indian tribes and tribal organizations, shall pro-
8 vide, to the extent feasible and funding is available, pro-
9 grams including, but not limited to, the following:

10 “(1) A comprehensive continuum of behavioral
11 health care which provides—

12 “(A) community-based prevention, inter-
13 vention, outpatient, and behavioral health
14 aftercare;

15 “(B) detoxification (social and medical);

16 “(C) acute hospitalization;

17 “(D) intensive outpatient/day treatment;

18 “(E) residential treatment;

19 “(F) transitional living for those needing a
20 temporary stable living environment that is sup-
21 portive of treatment/recovery goals;

22 “(G) emergency shelter;

23 “(H) intensive case management; and

24 “(I) traditional health care practices.

1 “(2) Behavioral health services by the following
2 services and populations:

3 “(A) Child Behavioral Health Services for
4 persons from birth through age 17, including—

5 “(i) preschool and school age fetal al-
6 cohol disorder services, including assess-
7 ment and behavioral intervention;

8 “(ii) mental health/substance abuse
9 services (emotional, organic, alcohol, drug,
10 inhalant and, tobacco);

11 “(iii) co-occurring disorders (multiple
12 diagnosis);

13 “(iv) prevention focused on ages 5
14 through 10 (alcohol, drug, inhalant, and
15 tobacco);

16 “(v) early intervention, treatment and
17 aftercare focused on ages 11–17;

18 “(vi) healthy choices/lifestyle (related
19 to sexually transmitted diseases, domestic
20 violence, sexual abuse; suicide, teen preg-
21 nancy, obesity, and other risk/safety
22 issues); and

23 “(vii) co-morbidity.

24 “(B) Adult Behavioral Health Services
25 (ages 18 through 55):

1 “(i) Early intervention, treatment,
2 and aftercare.

3 “(ii) Mental health/substance abuse
4 services (emotional, alcohol, drug, inhalant
5 and tobacco).

6 “(iii) Co-occurring disorders (dual di-
7 agnosis) and co-morbidity.

8 “(iv) Healthy choices/lifestyle (related
9 to parenting, partners, domestic violence,
10 sexual abuse, suicide, obesity, and other
11 risk-related behavior).

12 “(v)(I) Treatment services for women
13 at risk of giving birth to a child with a
14 fetal alcohol disorder.

15 “(II) Treatment for substance abuse
16 requiring gender-specific services.

17 “(III) Treatment for sexual assault
18 and domestic violence.

19 “(IV) Healthy choices/lifestyle (par-
20 enting, partners, obesity, suicide, and other
21 related behavioral risk).

22 “(vi) Men-specific:

23 “(I) Treatment for substance
24 abuse requiring gender-specific serv-
25 ices.

1 “(II) Treatment for sexual as-
2 sault and domestic violence.

3 “(III) Healthy choices/lifestyle
4 (parenting, partners, obesity, suicide,
5 and other risk-related behavior).

6 “(C) Family Behavioral Health Services:

7 “(i) Early intervention, treatment,
8 and aftercare for affected families.

9 “(ii) Treatment for sexual assault and
10 domestic violence.

11 “(iii) Healthy choices/lifestyle (related
12 to parenting, partners, domestic violence,
13 and other abuse issues).

14 “(D) Elder Behavioral Health Services
15 (age 56 and above):

16 “(i) Early intervention, treatment,
17 and aftercare.

18 “(I) Mental health/substance
19 abuse services (emotional, alcohol,
20 drug, inhalant, and tobacco).

21 “(II) Co-occurring disorders
22 (dual diagnosis) and co-morbidity.

23 “(III) Healthy choices/lifestyle
24 (managing conditions related to
25 aging).

1 “(ii) Elder women-specific:

2 “(I) Treatment for substance
3 abuse requiring gender-specific serv-
4 ices.

5 “(II) Treatment for sexual as-
6 sault, domestic violence, and neglect.

7 “(iii) Elder men-specific:

8 “(I) Treatment for substance
9 abuse requiring gender-specific serv-
10 ices.

11 “(II) Treatment for sexual as-
12 sault, domestic violence, and neglect.

13 “(iv) Dimentias regardless of cause.

14 “(d)(1) The governing body of any Indian tribe, or
15 tribal organization, or urban Indian organization may, at
16 its discretion, adopt a resolution for the establishment of
17 a community behavioral health plan providing for the iden-
18 tification and coordination of available resources and pro-
19 grams to identify, prevent, or treat alcohol and other sub-
20 stance abuse, mental illness, or dysfunctional and self-de-
21 structive behavior, including child abuse and family vio-
22 lence, among its members or its service population. This
23 plan should include, but not be limited to, behavioral
24 health services, social services, intensive outpatient serv-
25 ices, and continuing after care.

1 “(2) In furtherance of a plan established pursuant
2 to paragraph (1) and at the request of a Tribe, the appro-
3 priate agency, service unit, or other officials of the Bureau
4 of Indian Affairs and the Service shall cooperate with, and
5 provide technical assistance to, the Indian tribe or tribal
6 organization in the development of such plan. Upon the
7 establishment of such a plan and at the request of the
8 Indian tribe or tribal organization, such officials shall co-
9 operate with the Indian tribe or tribal organization in the
10 implementation of such plan.

11 “(3) The Secretary may make funding available to
12 Indian tribes and tribal organizations adopting a resolu-
13 tion pursuant to paragraph (1) to obtain technical assist-
14 ance for the development of a community mental health
15 plan and to provide administrative support in the imple-
16 mentation of such plan.

17 “(e) The Secretary, acting through the Service and
18 willing Indian tribes, tribal organizations, and urban In-
19 dian organizations, shall coordinate behavioral health
20 planning, to the extent feasible, with other Federal agen-
21 cies and with State agencies, to encourage comprehensive
22 behavioral health services are available to Indians without
23 regard to their place of residence.

24 “(f) Within 1 year after the date of the enactment
25 of the Indian Health Care Improvement Act Amendments

1 of 2000, the Secretary shall make an assessment of the
2 need for inpatient mental health care among Indians and
3 the availability and cost of inpatient mental health facili-
4 ties which can meet such need. In making such assess-
5 ment, the Secretary shall consider the possible conversion
6 of existing, underused service hospital beds into psy-
7 chiatric units to meet such need.

8 **“SEC. 702. MEMORANDA OF AGREEMENT WITH THE DE-**
9 **PARTMENT OF THE INTERIOR.**

10 “(a) Not later than 12 months after the date of the
11 enactment of the Indian Health Care Improvement Act
12 Amendments of 2000, the Secretary and the Secretary of
13 the Interior shall develop and enter into memoranda of
14 agreement, or review and update any existing memoranda
15 of agreement, as required by section 4205 of the Indian
16 Alcohol and Substance Abuse Prevention and Treatment
17 Act of 1986 (25 U.S.C. 2411) and under which the Secre-
18 taries address—

19 “(1) the scope and nature of mental illness and
20 dysfunctional and self-destructive behavior, including
21 child abuse and family violence, among Indians;

22 “(2) the existing Federal, tribal, State, local,
23 and private services, resources, and programs avail-
24 able to provide mental health services for Indians;

1 “(3) the unmet need for additional services, re-
2 sources, and programs necessary to meet the needs
3 identified pursuant to paragraph (1);

4 “(4)(A) the right of Indians, as citizens of the
5 United States and of the States in which they re-
6 side, to have access to mental health services to
7 which all citizens have access;

8 “(B) the right of Indians to participate in, and
9 receive the benefit of, such services; and

10 “(C) take actions necessary to protect the exer-
11 cise of such right;

12 “(5) the responsibilities of the Bureau of Indian
13 Affairs and the Service, including mental health
14 identification, prevention, education, referral, and
15 treatment services (including services through multi-
16 disciplinary resource teams), at the central, area,
17 and agency and service unit levels to address the
18 problems identified in paragraph (1);

19 “(6) a strategy for the comprehensive coordina-
20 tion of the mental health services provided by the
21 Bureau of Indian Affairs and the Service to meet
22 the needs identified pursuant to paragraph (1),
23 including—

24 “(A) the coordination of alcohol and sub-
25 stance abuse programs of the Service, the Bu-

1 reau of Indian Affairs, and the various Indian
2 tribes (developed under the Indian Alcohol and
3 Substance Abuse Prevention and Treatment
4 Act of 1986) with the mental health initiatives
5 pursuant to this Act, particularly with respect
6 to the referral and treatment of dually diag-
7 nosed individuals requiring mental health and
8 substance abuse treatment; and

9 “(B) ensuring that the Bureau of Indian
10 Affairs and Service programs and services (in-
11 cluding multi-disciplinary resource teams) ad-
12 dressing child abuse and family violence are co-
13 ordinated with such non-Federal programs and
14 services;

15 “(7) direct appropriate officials of the Bureau
16 of Indian Affairs and the Service, particularly at the
17 agency and service unit levels, to cooperate fully
18 with tribal requests made pursuant to community
19 behavioral health plans adopted under section 701(c)
20 and section 4206 of the Indian Alcohol and Sub-
21 stance Abuse Prevention and Treatment Act of 1986
22 (25 U.S.C. 2412); and

23 “(8) provide for an annual review of such
24 agreement by the 2 Secretaries which shall be pro-
25 vided to Congress and the Indian tribes.

1 “(b) The memoranda of agreement updated or en-
2 tered into pursuant to subsection (a) shall include specific
3 provisions pursuant to which the Service shall assume re-
4 sponsibility for—

5 “(1) the determination of the scope of the prob-
6 lem of alcohol and substance abuse among Indian
7 people, including the number of Indians within the
8 jurisdiction of the Service who are directly or indi-
9 rectly affected by alcohol and substance abuse and
10 the financial and human cost;

11 “(2) an assessment of the existing and needed
12 resources necessary for the prevention of alcohol and
13 substance abuse and the treatment of Indians af-
14 fected by alcohol and substance abuse; and

15 “(3) an estimate of the funding necessary to
16 adequately support a program of prevention of alco-
17 hol and substance abuse and treatment of Indians
18 affected by alcohol and substance abuse.

19 “(c) The Secretary and the Secretary of the Interior
20 shall, in developing the memoranda of agreement under
21 subsection (a) of this section, consult with and solicit the
22 comments of—

23 “(1) Indian tribes and tribal organizations;

24 “(2) Indian individuals;

1 “(3) urban Indian organizations and other In-
2 dian organizations; and

3 “(4) behavioral health service providers.

4 “(d) The memoranda of agreement under subsection
5 (a) of this section shall be published in the Federal Reg-
6 ister. At the same time as publication in the Federal Reg-
7 ister, the Secretary shall provide a copy of such memo-
8 randa to each Indian tribe, tribal organization, and urban
9 Indian organization.

10 **“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PRE-**
11 **VENTION AND TREATMENT PROGRAM.**

12 “(a)(1) The Secretary, acting through the Service
13 and willing Indian tribes, and tribal organizations, con-
14 sistent with section 701, shall provide a program of com-
15 prehensive behavioral health, prevention, treatment, and
16 aftercare, including traditional health care practices,
17 which shall include—

18 “(A) prevention, through educational interven-
19 tion, in Indian communities;

20 “(B) acute detoxification and psychiatric hos-
21 pitalization and treatment (residential and intensive
22 outpatient);

23 “(C) community-based rehabilitation and
24 aftercare;

1 “(D) community education and involvement, in-
2 cluding extensive training of health care, edu-
3 cational, and community-based personnel; and

4 “(E) specialized residential treatment programs
5 for high-risk populations, including but not limited
6 to pregnant and post partum women and their chil-
7 dren.

8 “(2) The target population of such program shall be
9 members of Indian tribes. Efforts to train and educate key
10 members of the Indian community shall target employees
11 of health, education, judicial, law enforcement, legal, and
12 social service programs.

13 “(b)(1) The Secretary, acting through the Service
14 and willing Indian tribes and tribal organizations, may,
15 enter into contracts with public or private providers of be-
16 havioral health treatment services for the purpose of car-
17 rying out the program required under subsection (a).

18 “(2) In carrying out this subsection, the Secretary
19 shall provide assistance to Indian tribes and tribal organi-
20 zations to develop criteria for the certification of behav-
21 ioral health service providers and accreditation of service
22 facilities which meet minimum standards for such services
23 and facilities.

1 **“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**

2 “(a) Under the authority of the Snyder Act of No-
3 vember 2, 1921 (25 U.S.C. 13), the Secretary shall estab-
4 lish and maintain a mental health technician program
5 within the Service which—

6 “(1) provides for the training of Indians as
7 mental health technicians; and

8 “(2) employs such technicians in the provision
9 of community-based mental health care that includes
10 identification, prevention, education, referral, and
11 treatment services.

12 “(b) In carrying out subsection (a), the Secretary
13 shall provide high-standard paraprofessional training in
14 mental health care necessary to provide quality care to the
15 Indian communities to be served. Such training shall be
16 based upon a curriculum developed or approved by the
17 Secretary which combines education in the theory of men-
18 tal health care with supervised practical experience in the
19 provision of such care.

20 “(c) The Secretary shall supervise and evaluate the
21 mental health technicians in the training program.

22 “(d) The Secretary shall ensure that the program es-
23 tablished pursuant to this subsection involves the use and
24 promotion of the traditional health care practices of the
25 Indian tribes to be served.

1 **“SEC. 705. LICENSING REQUIREMENT FOR MENTAL**
2 **HEALTH CARE WORKERS.**

3 “Subject to the provisions of section 220, any person
4 employed as a psychologist, social worker, or marriage and
5 family therapist for the purpose of providing mental health
6 care services to Indians in a clinical setting under the au-
7 thority of this Act or through a funding agreement pursu-
8 ant to the Indian Self-Determination and Education As-
9 sistance Act shall—

10 “(1) in the case of a person employed as a psy-
11 chologist, be licensed as a clinical psychologist or
12 working under the direct supervision of a licensed
13 clinical psychologist;

14 “(2) in the case of a person employed as a so-
15 cial worker, be licensed as a social worker or work-
16 ing under the direct supervision of a licensed social
17 worker; or

18 “(3) in the case of a person employed as a mar-
19 riage and family therapist, be licensed as a marriage
20 and family therapist or working under the direct su-
21 pervision of a licensed marriage and family thera-
22 pist.

23 **“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

24 “(a) The Secretary, consistent with section 701, shall
25 make funding available to Indian tribes, tribal organiza-
26 tions, and urban Indian organizations to develop and im-

1 plement a comprehensive behavioral health program of
2 prevention, intervention, treatment, and relapse preven-
3 tion services that specifically addresses the spiritual, cul-
4 tural, historical, social, and child care needs of Indian
5 women, regardless of age.

6 “(b) Funding made available pursuant to this section
7 may be used to—

8 “(1) develop and provide community training,
9 education, and prevention programs for Indian
10 women relating to behavioral health issues, including
11 fetal alcohol disorders;

12 “(2) identify and provide psychological services,
13 counseling, advocacy, support, and relapse preven-
14 tion to Indian women and their families; and

15 “(3) develop prevention and intervention models
16 for Indian women which incorporate traditional
17 health care practices, cultural values, and commu-
18 nity and family involvement.

19 “(c) The Secretary, in consultation with Indian tribes
20 and tribal organizations, shall establish criteria for the re-
21 view and approval of applications and proposals for fund-
22 ing under this section.

23 “(d) Twenty percent of the funds appropriated pursu-
24 ant to this section shall be used to make grants to urban
25 Indian organizations funded under title V.

1 **“SEC. 707. INDIAN YOUTH PROGRAM.**

2 “(a) The Secretary, consistent with section 701, shall
3 develop and implement a program for acute detoxification
4 and treatment for Indian youth, including behavioral
5 health services. The program shall include regional treat-
6 ment centers designed to include detoxification and reha-
7 bilitation for both sexes on a referral basis and programs
8 developed and implemented by Indian tribes or tribal orga-
9 nizations at the local level under the Indian Self-Deter-
10 mination and Education Assistance Act. Regional centers
11 shall be integrated with the intake and rehabilitation pro-
12 grams based in the referring Indian community.

13 “(b)(1) The Secretary, acting through the Service or
14 willing Indian tribes, or tribal organizations, shall con-
15 struct, renovate, or, as necessary, purchase, and appro-
16 priately staff and operate, at least 1 youth regional treat-
17 ment center or treatment network in each area under the
18 jurisdiction of an Area Office. For the purposes of this
19 subsection, the Area Office in California shall be consid-
20 ered to be 2 Area Offices, 1 office whose jurisdiction shall
21 be considered to encompass the northern area of the State
22 of California, and 1 office whose jurisdiction shall be con-
23 sidered to encompass the remainder of the State of Cali-
24 fornia for the purpose of implementing California treat-
25 ment networks.

1 “(2) For the purpose of staffing and operating such
2 centers or facilities, funding shall be pursuant to the Act
3 of November 2, 1921 (25 U.S.C. 13).

4 “(3) A youth treatment center constructed or pur-
5 chased under this subsection shall be constructed or pur-
6 chased at a location within the area described in para-
7 graph (1) agreed upon (by appropriate tribal resolution)
8 by a majority of the Indian tribes to be served by such
9 center.

10 “(4)(A) Notwithstanding any other provision of this
11 title, the Secretary may, from amounts authorized to be
12 appropriated for the purposes of carrying out this section,
13 make funds available to—

14 “(i) the Tanana Chiefs Conference, Incor-
15 porated, for the purpose of leasing, constructing,
16 renovating, operating, and maintaining a residential
17 youth treatment facility in Fairbanks, Alaska; and

18 “(ii) the Southeast Alaska Regional Health
19 Corporation to staff and operate a residential youth
20 treatment facility without regard to the proviso set
21 forth in section 4(l) of the Indian Self-Determina-
22 tion and Education Assistance Act (25 U.S.C.
23 450b(l)).

24 “(B) Until additional residential youth treatment fa-
25 cilities are established in Alaska pursuant to this section,

1 the facilities specified in subparagraph (A) shall make
2 every effort to provide services to all eligible Indian youth
3 residing in such State.

4 “(c)(1) The Secretary, acting through the Service
5 and willing Indian tribes and tribal organizations, may
6 provide intermediate behavioral health services, which may
7 incorporate traditional health care practices, to Indian
8 children and adolescents, including—

9 “(A) pretreatment assistance;

10 “(B) inpatient, outpatient, and after-care serv-
11 ices;

12 “(C) emergency care;

13 “(D) suicide prevention and crisis intervention;
14 and

15 “(E) prevention and treatment of mental illness
16 and dysfunctional and self-destructive behavior, in-
17 cluding child abuse and family violence.

18 “(2) Funds provided under this subsection may be
19 used—

20 “(A) to construct or renovate an existing health
21 facility to provide intermediate behavioral health
22 services;

23 “(B) to hire behavioral health professionals;

24 “(C) to staff, operate, and maintain an inter-
25 mediate mental health facility, group home, sober

1 housing, transitional housing or similar facilities, or
2 youth shelter where intermediate behavioral health
3 services are being provided;

4 “(D) to make renovations and hire appropriate
5 staff to convert existing hospital beds into adolescent
6 psychiatric units; and

7 “(E) for intensive home- and community-based
8 services.

9 “(3) The Secretary shall, in consultation with Indian
10 tribes and tribal organizations, establish criteria for the
11 review and approval of applications or proposals for fund-
12 ing made available pursuant to this subsection.

13 “(d)(1) The Secretary, in consultation with Indian
14 tribes and tribal organizations, shall—

15 “(A) identify and use, where appropriate, feder-
16 ally owned structures suitable for local residential or
17 regional behavioral health treatment for Indian
18 youth; and

19 “(B) establish guidelines, in consultation with
20 Indian tribes and tribal organizations, for deter-
21 mining the suitability of any such federally owned
22 structure to be used for local residential or regional
23 behavioral health treatment for Indian youth.

24 “(2) Any structure described in paragraph (1) may
25 be used under such terms and conditions as may be agreed

1 upon by the Secretary and the agency having responsi-
2 bility for the structure and any Tribe or tribal organiza-
3 tion operating the program.

4 “(e)(1) The Secretary, Indian tribes or tribal organi-
5 zations, in cooperation with the Secretary of the Interior,
6 shall develop and implement within each service unit, com-
7 munity-based rehabilitation and follow-up services for In-
8 dian youth who are having significant behavioral health
9 problems, and require long-term treatment, community re-
10 integration, and monitoring to support the Indian youth
11 after their return to their home community.

12 “(2) Services under paragraph (1) shall be adminis-
13 tered within each service unit or tribal program by trained
14 staff within the community who can assist the Indian
15 youth in continuing development of self-image, positive
16 problem-solving skills, and nonalcohol or substance abus-
17 ing behaviors. Such staff may include alcohol and sub-
18 stance abuse counselors, mental health professionals, and
19 other health professionals and paraprofessionals, including
20 community health representatives.

21 “(f) In providing the treatment and other services to
22 Indian youth authorized by this section, the Secretary, In-
23 dian tribes, and tribal organizations shall provide for the
24 inclusion of family members of such youth in the treat-
25 ment programs or other services as may be appropriate.

1 Not less than 10 percent of the funds appropriated for
2 the purposes of carrying out subsection (e) shall be used
3 for outpatient care of adult family members related to the
4 treatment of an Indian youth under that subsection.

5 “(g) The Secretary, acting through the Service and
6 willing Indian tribes, tribal organizations, and urban In-
7 dian organizations, shall provide, consistent with section
8 701, programs and services to prevent and treat the abuse
9 of multiple forms of substances, including, but not limited
10 to, alcohol, drugs, inhalants, and tobacco, among Indian
11 youth residing in Indian communities, on Indian reserva-
12 tions, and in urban areas and provide appropriate mental
13 health services to address the incidence of mental illness
14 among such youth.

15 **“SEC. 708. INPATIENT AND COMMUNITY-BASED MENTAL**
16 **HEALTH FACILITIES DESIGN, CONSTRUC-**
17 **TION, AND STAFFING.**

18 “Within 1 year after the date of enactment of the
19 Indian Health Care Improvement Act Amendments of
20 2000, the Secretary, acting through the Service and will-
21 ing Indian tribes and tribal organizations, shall provide,
22 in each area of the Service, not less than 1 inpatient men-
23 tal health care facility, or the equivalent, for Indians with
24 behavioral health problems. For the purposes of this sub-
25 section, California shall be considered to be 2 Area Offices,

1 1 office whose location shall be considered to encompass
2 the northern area of the State of California and 1 office
3 whose jurisdiction shall be considered to encompass the
4 remainder of the State of California. The Secretary shall
5 consider the possible conversion of existing, underused
6 service hospital beds into psychiatric units to meet such
7 need.

8 **“SEC. 709. TRAINING AND COMMUNITY EDUCATION.**

9 “(a) The Secretary, in cooperation with the Secretary
10 of the Interior, shall develop and implement or provide
11 funding for Indian tribes and tribal organizations to de-
12 velop and implement within each service unit or tribal pro-
13 gram a program of community education and involvement
14 which shall be designed to provide concise and timely in-
15 formation to the community leadership of each tribal com-
16 munity. Such program shall include education about be-
17 havioral health issues to political leaders, tribal judges,
18 law enforcement personnel, members of tribal health and
19 education boards, health care providers including tradi-
20 tional practitioners, and other critical members of each
21 tribal community. Community-based training (oriented to-
22 ward local capacity development) shall also include tribal
23 community provider training (designed for adult learners
24 from the communities receiving services for prevention,
25 intervention, treatment and aftercare).

1 “(b) The Secretary shall, either directly or through
2 Indian tribes and tribal organizations, provide instruction
3 in the area of behavioral health issues, including instruc-
4 tion in crisis intervention and family relations in the con-
5 text of alcohol and substance abuse, child sexual abuse,
6 youth alcohol and substance abuse, and the causes and
7 effects of fetal alcohol disorders to appropriate employees
8 of the Bureau of Indian Affairs and the Service, and to
9 personnel in schools or programs operated under any con-
10 tract with the Bureau of Indian Affairs or the Service,
11 including supervisors of emergency shelters and halfway
12 houses described in section 4213 of the Indian Alcohol and
13 Substance Abuse Prevention and Treatment Act of 1986
14 (25 U.S.C. 2433).

15 “(c) In carrying out the education and training pro-
16 grams required by this section, the Secretary, in consulta-
17 tion with Indian tribes, tribal organizations, Indian behav-
18 ioral health experts, and Indian alcohol and substance
19 abuse prevention experts, shall develop and provide com-
20 munity-based training models. Such models shall
21 address—

22 “(1) the elevated risk of alcohol and behavioral
23 health problems faced by children of alcoholics;

1 “(2) the cultural, spiritual and
2 multigenerational aspects of behavioral health prob-
3 lem prevention and recovery; and

4 “(3) community-based and multidisciplinary
5 strategies for preventing and treating behavioral
6 health problems.

7 **“SEC. 710. BEHAVIORAL HEALTH PROGRAM.**

8 “(a) The Secretary, acting through the Service or
9 willing Indian tribes or tribal organizations, consistent
10 with section 701, may plan, develop, implement, and carry
11 out programs to deliver innovative community-based be-
12 havioral health services to Indians.

13 “(b) The Secretary may award such funding for a
14 project under subsection (a) to an Indian tribe or tribal
15 organization and may consider the following criteria:

16 “(1) The project will address significant unmet
17 behavioral health needs among Indians.

18 “(2) The project will serve a significant number
19 of Indians.

20 “(3) The project has the potential to deliver
21 services in an efficient and effective manner.

22 “(4) The Tribe or tribal organization has the
23 administrative and financial capability to administer
24 the project.

1 “(5) The project may deliver services in a man-
2 ner consistent with traditional health care practices.

3 “(6) The project is coordinated with, and avoids
4 duplication of, existing services.

5 “(c) For purposes of this subsection, the Secretary
6 shall, in evaluating applications or proposals for funding
7 for projects to be operated under any funding agreement
8 entered into with the Service under the Indian Self-Deter-
9 mination and Education Assistance Act, use the same cri-
10 teria that the Secretary uses in evaluating any other appli-
11 cation or proposal for such funding.

12 **“SEC. 711. FETAL ALCOHOL DISORDER FUNDING.**

13 “(a)(1) The Secretary, consistent with section 701,
14 acting through willing Indian tribes, tribal organizations,
15 and urban Indian organizations, shall establish and oper-
16 ate fetal alcohol disorders programs as provided in this
17 section for the purposes of meeting the health status ob-
18 jectives specified in section 3(b).

19 “(2) Funding provided pursuant to this section shall
20 be used to—

21 “(A) develop and provide community and in-
22 school training, education, and prevention programs
23 relating to fetal alcohol disorders;

24 “(B) identify and provide behavioral health
25 treatment to high-risk women;

1 “(C) identify and provide appropriate psycho-
2 logical services, educational and vocational support,
3 counseling, advocacy, and information to fetal alco-
4 hol disorder affected persons and their families or
5 caretakers;

6 “(D) develop and implement counseling and
7 support programs in schools for fetal alcohol dis-
8 order affected children;

9 “(E) develop prevention and intervention mod-
10 els which incorporate traditional practitioners, cul-
11 tural and spiritual values, and community involve-
12 ment;

13 “(F) develop, print, and disseminate education
14 and prevention materials on fetal alcohol disorders;

15 “(G) develop and implement, through the tribal
16 consultation process, culturally sensitive assessment
17 and diagnostic tools including dysmorphology clinics
18 and multidisciplinary fetal alcohol disorder clinics
19 for use in tribal and urban Indian communities;

20 “(H) develop early childhood intervention
21 projects from birth on to mitigate the effects of fetal
22 alcohol disorders; and

23 “(I) develop and fund community-based adult
24 fetal alcohol disorder housing and support services.

1 “(3) The Secretary shall establish criteria for the re-
2 view and approval of applications for funding under this
3 section.

4 “(b) The Secretary, acting through the Service and
5 willing Indian tribes, tribal organizations, and urban In-
6 dian organizations, shall—

7 “(1) develop and provide services for the pre-
8 vention, intervention, treatment, and aftercare for
9 those affected by fetal alcohol disorders in Indian
10 communities; and

11 “(2) provide supportive services, directly or
12 through an Indian tribe, tribal organization, or
13 urban Indian organization, including, which services
14 shall include but not be limited to, meeting the spe-
15 cial educational, vocational, school-to-work transi-
16 tion, and independent living needs of adolescent and
17 adult Indians with fetal alcohol disorders.

18 “(c) The Secretary shall establish a task force to be
19 known as the Fetal Alcohol Disorders Task Force to ad-
20 vise the Secretary in carrying out subsection (b). Such
21 task force shall be composed of representatives from the
22 National Institute on Drug Abuse, the National Institute
23 on Alcohol and Alcoholism, the Office of Substance Abuse
24 Prevention, the National Institute of Mental Health, the
25 Service, the Office of Minority Health of the Department

1 of Health and Human Services, the Administration for
2 Native Americans, the National Institute of Child Health
3 and Human Development (NICHD), the Centers for Dis-
4 ease Control and Prevention, the Bureau of Indian Af-
5 fairs, Indian tribes, tribal organizations, urban Indian
6 communities, and Indian fetal alcohol disorders experts.

7 “(d) The Secretary, acting through the Substance
8 Abuse and Mental Health Services Administration, shall
9 make funding available to Indian tribes, tribal organiza-
10 tions, and urban Indian organizations for applied research
11 projects which propose to elevate the understanding of
12 methods to prevent, intervene, treat, or provide rehabilita-
13 tion and behavioral health aftercare for Indians and urban
14 Indians affected by fetal alcohol disorders.

15 “(e) Ten percent of the funds appropriated pursuant
16 to this section shall be used to make grants to urban In-
17 dian organizations funded under title V.

18 **“SEC. 712. CHILD SEXUAL ABUSE AND PREVENTION TREAT-**
19 **MENT PROGRAMS.**

20 “(a) The Secretary and the Secretary of the Interior,
21 acting through the Service and willing Indian tribes and
22 tribal organizations, shall establish, consistent with section
23 701, in every service area, programs involving treatment
24 for—

25 “(1) victims of child sexual abuse; and

1 “(2) perpetrators of child sexual abuse.

2 “(b) Funding provided pursuant to this section shall
3 be used to—

4 “(1) develop and provide community education
5 and prevention programs related to child sexual
6 abuse;

7 “(2) identify and provide behavioral health
8 treatment to children who are victims of sexual
9 abuse and to their families who are affected by sexual
10 abuse;

11 “(3) develop prevention and intervention models
12 which incorporate traditional health care practitioners,
13 cultural and spiritual values, and community
14 involvement;

15 “(4) develop and implement, through the tribal
16 consultation process, culturally sensitive assessment
17 and diagnostic tools for use in tribal and urban Indian
18 communities; and

19 “(5) identify and provide behavioral health
20 treatment to perpetrators—

21 “(A) efforts will be made to begin offender
22 and behavioral health treatment while the perpetrator
23 is incarcerated or at the earliest possible date if the perpetrator
24 is not incarcerated;
25 and

1 “(B) treatment should be provided after
2 release to the community, until it is determined
3 that the perpetrator is not a threat to children.

4 **“SEC. 713. BEHAVIORAL HEALTH RESEARCH.**

5 “The Secretary, in consultation with appropriate
6 Federal agencies, shall provide funding to Indian tribes,
7 tribal organizations, and urban Indian organizations or,
8 enter into contracts with, or make grants to appropriate
9 institutions for the conduct of research on the incidence
10 and prevalence of behavioral health problems among Indi-
11 ans served by the Service, Indian tribes, or tribal organiza-
12 tions and among Indians in urban areas. Research prior-
13 ities under this section shall include—

14 “(1) the interrelationship and interdependence
15 of behavioral health problems with alcoholism and
16 other substance abuse, suicide, homicides, other in-
17 juries, and the incidence of family violence; and

18 “(2) the development of models of prevention
19 techniques.

20 The effect of the interrelationships and interdependencies
21 referred to in paragraph (1) on children, and the develop-
22 ment of prevention techniques under paragraph (2) appli-
23 cable to children, shall be emphasized.

1 **“SEC. 714. DEFINITIONS.**

2 “For the purpose of this title, the following defini-
3 tions shall apply:

4 “(1) ‘Assessment’ means the systematic collec-
5 tion, analysis, and dissemination of information on
6 health status, health needs, and health problems.

7 “(2) ‘Alcohol related neurodevelopmental dis-
8 orders’ or ‘ARND’ means with a history of maternal
9 alcohol consumption during pregnancy, central nerv-
10 ous system involvement such as developmental delay,
11 intellectual deficit, or neurologic abnormalities. Be-
12 haviorally, there can be problems with irritability,
13 and failure to thrive as infants. As children become
14 older there will likely be hyperactivity, attention def-
15 icit, language dysfunction, and perceptual and judg-
16 ment problems.

17 “(3) ‘Behavioral health’ means the blending of
18 substances (alcohol, drugs, inhalants, and tobacco)
19 abuse and mental health prevention and treatment,
20 for the purpose of providing comprehensive services.
21 This can include the joint development of substance
22 abuse and mental health treatment planning and co-
23 ordinated case management using a multidisci-
24 plinary approach.

25 “(4) ‘Behavioral health aftercare’ includes those
26 activities and resources used to support recovery fol-

1 lowing inpatient, residential, intensive substance
2 abuse, or mental health outpatient or outpatient
3 treatment. The purpose is to help prevent or deal
4 with relapse by ensuring that by the time a client or
5 patient is discharged from a level of care, such as
6 outpatient treatment, an aftercare plan has been de-
7 veloped with the client. An aftercare plan may use
8 such resources as community-based therapeutic
9 group, transitional living, a 12-step sponsor, a local
10 12-step or other related support group, and other
11 community-based providers (mental health profes-
12 sionals, traditional health care practitioners, commu-
13 nity health aides, community health representatives,
14 mental health technicians, ministers, etc.)

15 “(5) ‘Dual diagnosis’ means coexisting sub-
16 stance abuse and mental illness conditions or diag-
17 nosis. Patients/clients are sometimes referred to as
18 mentally ill chemical abusers (MICAs).

19 “(6) ‘Fetal alcohol disorders’ means fetal alco-
20 hol syndrome, partial fetal alcohol syndrome and al-
21 cohol related neural developmental disorder
22 (ARNDD).

23 “(7) ‘Fetal alcohol syndrome’ or ‘FAS’ means
24 a syndrome in which with a history of maternal alco-

1 hol consumption during pregnancy, the following cri-
2 teria should be met:

3 “(A) Central nervous system involvement
4 such as developmental delay, intellectual deficit,
5 microcephaly, or neurologic abnormalities.

6 “(B) Craniofacial abnormalities with at
7 least 2 of the following: microphthalmia, short
8 palpebral fissures, poorly developed philtrum,
9 thin upper lip, flat nasal bridge, and short
10 upturned nose.

11 “(C) Prenatal or postnatal growth delay.

12 “(8) ‘Partial FAS’ means with a history of ma-
13 ternal alcohol consumption during pregnancy having
14 most of the criteria of FAS, though not meeting a
15 minimum of at least 2 of the following: microoph-
16 thalmia, short palpebral fissures, poorly developed
17 philtrum, thin upper lip, flat nasal bridge, short
18 upturned nose.

19 “(9) ‘Rehabilitation’ means to restore the abil-
20 ity or capacity to engage in usual and customary life
21 activities through education and therapy.

22 “(10) ‘Substance abuse’ includes inhalant
23 abuse.

1 **“SEC. 715. AUTHORIZATION OF APPROPRIATIONS.**

2 “There are authorized to be appropriated such sums
3 as may be necessary for each fiscal year through fiscal
4 year 2012 to carry out the provisions of this title.

5 **“TITLE VIII—MISCELLANEOUS**

6 **“SEC. 801. REPORTS.**

7 “The President shall, at the time the budget is sub-
8 mitted under section 1105 of title 31, United States Code,
9 for each fiscal year transmit to the Congress a report
10 containing—

11 “(1) a report on the progress made in meeting
12 the objectives of this Act, including a review of pro-
13 grams established or assisted pursuant to this Act
14 and an assessment and recommendations of addi-
15 tional programs or additional assistance necessary
16 to, at a minimum, provide health services to Indians,
17 and ensure a health status for Indians, which are at
18 a parity with the health services available to and the
19 health status of, the general population including
20 specific comparisons of appropriations provided and
21 those required for such parity;

22 “(2) a report on whether, and to what extent,
23 new national health care programs, benefits, initia-
24 tives, or financing systems have had an impact on
25 the purposes of this Act and any steps that the Sec-
26 retary may have taken to consult with Indian tribes,

1 tribal organizations, and urban Indian organizations
2 to address such impact, including a report on pro-
3 posed changes in allocation of funding pursuant to
4 section 808;

5 “(3) a report on the use of health services by
6 Indians—

7 “(A) on a national and area or other rel-
8 evant geographical basis;

9 “(B) by gender and age;

10 “(C) by source of payment and type of
11 service;

12 “(D) comparing such rates of use with
13 rates of use among comparable non-Indian pop-
14 ulations; and

15 “(E) on the services provided under fund-
16 ing agreements pursuant to the Indian Self-De-
17 termination and Education Assistance Act;

18 “(4) a report of contractors to the Secretary on
19 Health Care Educational Loan Repayments every 6
20 months required by section 110;

21 “(5) a General Audit Report of the Secretary
22 on the Health Care Educational Loan Repayment
23 Program as required by section 110(n);

1 “(6) a separate statement which specifies the
2 amount of funds requested to carry out the provi-
3 sions of section 201;

4 “(7) a biennial report to Congress on infectious
5 diseases as required by section 212;

6 “(8) a report on environmental and nuclear
7 health hazards as required by section 214;

8 “(9) an annual report on the status of all
9 health care facilities needs as required by section
10 301(c)(2) and 301(d);

11 “(10) reports on safe water and sanitary waste
12 disposal facilities as required by section 302(h)(1);

13 “(11) an annual report on the expenditure of
14 nonservice funds for renovation as required by sec-
15 tions 305(a)(2) and 305(a)(3);

16 “(12) a report identifying the backlog of main-
17 tenance and repair required at Service and tribal fa-
18 cilities required by section 314(a);

19 “(13) a report providing an accounting of reim-
20 bursement funds made available to the Secretary
21 under titles XVIII and XIX of the Social Security
22 Act required by section 403(a);

23 “(14) a report on services sharing of Indian
24 Health Service, Veterans Affairs, and other Federal

1 agency health programs as required by section
2 412(c)(2);

3 “(15) a report on evaluation and renewal of
4 urban Indian programs as required by section 505;

5 “(16) a report on the findings and conclusions
6 derived from the demonstration project as required
7 by section 512(a)(2);

8 “(17) a report on the evaluation of programs as
9 required by section 513; and

10 “(18) a report on alcohol and substance abuse
11 as required by section 701(f).

12 **“SEC. 802. REGULATIONS.**

13 “(a)(1) Not later than 90 days after the date of en-
14 actment of this Act, the Secretary shall initiate procedures
15 under subchapter III of chapter 5 of title 5, United States
16 Code, to negotiate and promulgate such regulations or
17 amendments thereto that are necessary to carry out the
18 Indian Health Care Improvement Act, as amended.

19 “(2) Proposed regulations to implement this Act shall
20 be published in the Federal Register by the Secretary no
21 later than 270 days after the date of enactment of this
22 Act and shall have no less than a 120-day comment pe-
23 riod.

1 “(3) The authority to promulgate regulations under
2 this Act shall expire 18 months from the date of enact-
3 ment of this Act.

4 “(b) COMMITTEE.—A negotiated rulemaking com-
5 mittee established pursuant to section 565 of title 5,
6 United States Code, to carry out this section shall have
7 as its members only representatives of the Federal Gov-
8 ernment and representatives of Indian tribes, and tribal
9 organizations, a majority of whom shall be nominated by
10 and be representatives of Indian tribes, tribal organiza-
11 tions, and urban Indian organizations from each service
12 area.

13 “(c) ADAPTATION OF PROCEDURES.—The Secretary
14 shall adapt the negotiated rulemaking procedures to the
15 unique context of self-governance and the government-to-
16 government relationship between the United States and
17 Indian tribes.

18 “(d) The lack of promulgated regulations shall not
19 limit the effect of this Act.

20 “(e) The provisions of this Act shall supersede any
21 conflicting provisions of law (including any conflicting reg-
22 ulations) in effect on the day before the date of enactment
23 of the Indian Self-Determination Contract Reform Act of
24 1994, and the Secretary is authorized to repeal any regu-
25 lation inconsistent with the provisions of this Act.

1 **“SEC. 803. PLAN OF IMPLEMENTATION.**

2 “Within 240 days after the date of the enactment of
3 the Indian Health Care Improvement Act Amendments of
4 2000, a plan will be prepared by the Secretary in consulta-
5 tion with Indian tribes, tribal organizations, and urban In-
6 dian organizations, and will be submitted to the Congress.
7 The plan will explain the manner and schedule (including
8 a schedule of appropriation requests), by title and section,
9 by which the Secretary will implement the provisions of
10 this Act.

11 **“SEC. 804. AVAILABILITY OF FUNDS.**

12 “The funds appropriated pursuant to this Act shall
13 remain available until expended.

14 **“SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED**
15 **TO THE INDIAN HEALTH SERVICE.**

16 “Any limitation on the use of funds contained in an
17 Act providing appropriations for the Department for a pe-
18 riod with respect to the performance of abortions shall
19 apply for that period with respect to the performance of
20 abortions using funds contained in an Act providing ap-
21 propriations for the Indian Health Service.

22 **“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.**

23 “(a) Until such time as any subsequent law may oth-
24 erwise provide, the following California Indians shall be
25 eligible for health services provided by the Service:

1 “(1) Any member of a federally recognized In-
2 dian tribe.

3 “(2) Any descendant of an Indian who was re-
4 siding in California on June 1, 1852, but only if
5 such descendant—

6 “(A) is a member of the Indian community
7 served by a local program of the Service; and

8 “(B) is regarded as an Indian by the com-
9 munity in which such descendant lives.

10 “(3) Any Indian who holds trust interests in
11 public domain, national forest, or Indian reservation
12 allotments in California.

13 “(4) Any Indian in California who is listed on
14 the plans for distribution of the assets of California
15 rancherias and reservations under the Act of August
16 18, 1958 (72 Stat. 619), and any descendant of
17 such an Indian.

18 “(b) Nothing in this section may be construed as ex-
19 panding the eligibility of California Indians for health
20 services provided by the Service beyond the scope of eligi-
21 bility for such health services that applied on May 1, 1986.

22 **“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

23 “(a)(1) Any individual who—

24 “(A) has not attained 19 years of age;

1 “(B) is the natural or adopted child, step-child,
2 foster-child, legal ward, or orphan of an eligible In-
3 dian; and

4 “(C) is not otherwise eligible for health services
5 provided by the Service,
6 shall be eligible for all health services provided by the
7 Service on the same basis and subject to the same rules
8 that apply to eligible Indians until such individual attains
9 19 years of age. The existing and potential health needs
10 of all such individuals shall be taken into consideration
11 by the Service in determining the need for, or the alloca-
12 tion of, the health resources of the service. If such an indi-
13 vidual has been determined to be legally incompetent prior
14 to attaining 19 years of age, such individual shall remain
15 eligible for such services until 1 year after the date of a
16 determination of competency.

17 “(2) Any spouse of an eligible Indian who is not an
18 Indian, or who is of Indian descent but not otherwise eligi-
19 ble for the health services provided by the Service, shall
20 be eligible for such health services if all such spouses or
21 spouses who are married to members of the Indian tribe(s)
22 being served are made eligible, as a class, by an appro-
23 priate resolution of the governing body of the Indian tribe
24 or tribal organization providing such services. The health
25 needs of persons made eligible under this paragraph shall

1 not be taken into consideration by the Service in deter-
2 mining the need for, or allocation of, its health resources.

3 “(b)(1)(A) The Secretary is authorized to provide
4 health services under this subsection through health pro-
5 grams operated directly by the Service to individuals who
6 reside within the service area of a service unit and who
7 are not eligible for such health services under any other
8 subsection of this section or under any other provision of
9 law if—

10 “(i) the Indian tribe (or, in the case of a multi-
11 tribal service area, all the Indian tribes) served by
12 such service unit requests such provision of health
13 services to such individuals; and

14 “(ii) the Secretary and the Indian tribe or
15 tribes have jointly determined that—

16 “(I) the provision of such health services
17 will not result in a denial or diminution of
18 health services to eligible Indians; and

19 “(II) there is no reasonable alternative
20 health program, within or without the service
21 area of such service unit, available to meet the
22 health needs of such individuals.

23 “(B) In the case of health programs operated under
24 a contract entered into under the Indian Self-Determina-
25 tion and Education Assistance Act, the governing body of

1 the Indian tribe or tribal organization providing health
2 services under such contract is authorized to determine
3 whether health services should be provided under such
4 funding agreement to individuals who are not eligible for
5 such health services under any other subsection in this
6 section or under any other provision of law. In making
7 such determinations, the governing body of the Indian
8 tribe or tribal organization shall take into account the con-
9 siderations described in subparagraph (A)(ii).

10 “(2)(A) Persons receiving health services provided by
11 the Service by reason of this subsection shall be liable for
12 payment of such health services under a schedule of
13 charges prescribed by the Secretary which, in the judg-
14 ment of the Secretary, results in reimbursement in an
15 amount not less than the actual cost of providing the
16 health services. Notwithstanding section 1880(c) of the
17 Social Security Act, section 402(a) of this Act, or any
18 other provision of law, amounts collected under this sub-
19 section, including medicare or medicaid reimbursements
20 under titles XVIII and XIX of the Social Security Act,
21 shall be credited to the account of the program providing
22 the service and shall be used solely for the provision of
23 health services within that program. Amounts collected
24 under this subsection shall be available for expenditure
25 within such program.

1 “(B) Health services may be provided by the Sec-
2 retary through the Service under this subsection to an in-
3 digent person who would not be eligible for such health
4 services but for the provisions of paragraph (1) only if
5 an agreement has been entered into with a State or local
6 government under which the State or local government
7 agrees to reimburse the Service for the expenses incurred
8 by the Service in providing such health services to such
9 indigent person.

10 “(3)(A) In the case of a service area which serves
11 only one Indian tribe, the authority of the Secretary to
12 provide health services under paragraph (1)(A) shall ter-
13 minate at the end of the fiscal year succeeding the fiscal
14 year in which the governing body of the Indian tribe re-
15 vokes its concurrence to the provision of such health serv-
16 ices.

17 “(B) In the case of a multi-tribal service area, the
18 authority of the Secretary to provide health services under
19 paragraph (1)(A) shall terminate at the end of the fiscal
20 year succeeding the fiscal year in which at least 51 percent
21 of the number of Indian tribes in the service area revoke
22 their concurrence to the provisions of such health services.

23 “(c) The Service may provide health services under
24 this subsection to individuals who are not eligible for
25 health services provided by the Service under any other

1 subsection of this section or under any other provision of
2 law in order to—

3 “(1) achieve stability in a medical emergency;

4 “(2) prevent the spread of a communicable dis-
5 ease or otherwise deal with a public health hazard;

6 “(3) provide care to non-Indian women preg-
7 nant with an eligible Indian’s child for the duration
8 of the pregnancy through post partum; or

9 “(4) provide care to immediate family members
10 of an eligible person if such care is directly related
11 to the treatment of the eligible person.

12 “(d) Hospital privileges in health facilities operated
13 and maintained by the Service or operated under a con-
14 tract entered into under the Indian Self-Determination
15 and Education Assistance Act may be extended to non-
16 Service health care practitioners who provide services to
17 persons described in subsection (a) or (b). Such non-Serv-
18 ice health care practitioners may be regarded as employees
19 of the Federal Government for purposes of section
20 1346(b) and chapter 171 of title 28, United States Code
21 (relating to Federal tort claims) only with respect to acts
22 or omissions which occur in the course of providing serv-
23 ices to eligible persons as a part of the conditions under
24 which such hospital privileges are extended.

1 “(e) For purposes of this section, the term ‘eligible
2 Indian’ means any Indian who is eligible for health serv-
3 ices provided by the Service without regard to the provi-
4 sions of this section.

5 **“SEC. 808. REALLOCATION OF BASE RESOURCES.**

6 “(a) Notwithstanding any other provision of law, any
7 allocation of Service funds for a fiscal year that reduces
8 by 5 percent or more from the previous fiscal year the
9 funding for any recurring program, project, or activity of
10 a service unit may be implemented only after the Secretary
11 has submitted to the President, for inclusion in the report
12 required to be transmitted to the Congress under section
13 801, a report on the proposed change in allocation of fund-
14 ing, including the reasons for the change and its likely
15 effects.

16 “(b) Subsection (a) shall not apply if the total
17 amount appropriated to the Service for a fiscal year is less
18 than the amount appropriated to the Service for the pre-
19 vious fiscal year.

20 **“SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.**

21 “The Secretary shall provide for the dissemination to
22 Indian tribes of the findings and results of demonstration
23 projects conducted under this Act.

1 **“SEC. 810. PROVISION OF SERVICES IN MONTANA.**

2 “(a) The Secretary shall provide services and benefits
3 for Indians in Montana in a manner consistent with the
4 decision of the United States Court of Appeals for the
5 Ninth Circuit in McNabb for McNabb v. Bowen, 829 F.2d
6 787 (9th Cir. 1987).

7 “(b) The provisions of subsection (a) shall not be con-
8 strued to be an expression of the sense of the Congress
9 on the application of the decision described in subsection
10 (a) with respect to the provision of services or benefits
11 for Indians living in any State other than Montana.

12 **“SEC. 811. MORATORIUM.**

13 “During the period of the moratorium imposed by
14 Public Law 100–446 on implementation of the final rule
15 published in the Federal Register on September 16, 1987,
16 by the Health Resources and Services Administration of
17 the Public Health Service, relating to eligibility for the
18 health care services of the Indian Health Service, the In-
19 dian Health Service shall provide services pursuant to the
20 criteria for eligibility for such services that were in effect
21 on September 15, 1987, subject to the provisions of sec-
22 tions 806 and 807 of the Indian Health Care Improvement
23 Act, as amended by this Act until such time as new cri-
24 teria governing eligibility for services are developed in ac-
25 cordance with section 802 of this Act.

1 **“SEC. 812. TRIBAL EMPLOYMENT.**

2 “For purposes of section 2(2) of the Act of July 5,
3 1935, as amended (49 Stat. 450, chapter 372), an Indian
4 tribe or tribal organization carrying out a funding agree-
5 ment under the Indian Self-Determination and Education
6 Assistance Act shall not be considered an ‘employer’.

7 **“SEC. 813. PRIME VENDOR.**

8 “For purposes of section 4 of Public Law 102–585
9 (38 U.S.C. 812) tribes and tribal organizations carrying
10 out a grant, cooperative agreement of funding agreement
11 under the Indian Self-Determination and Education As-
12 sistance Act (25 U.S.C. 450 et seq.) shall be deemed to
13 be an executive agency and part of the Indian Health
14 Service in the Department of Health and Human Services
15 and, as such, may act as an ordering agent of the Indian
16 Health Service and the employees of the tribe or tribal
17 organization may order supplies on behalf thereof on the
18 same basis as employees of the Indian Health Service.

19 **“SEC. 814. SEVERABILITY PROVISIONS.**

20 “If any provision of this Act, any amendment made
21 by the Act, or the application of such provision or amend-
22 ment to any person or circumstances is held to be invalid,
23 the remainder of this Act, the remaining amendments
24 made by this Act, and the application of such provisions
25 to persons or circumstances other than those to which it
26 is held invalid, shall not be affected thereby.

1 **“SEC. 815. ESTABLISHMENT OF NATIONAL BIPARTISAN**
2 **COMMISSION ON INDIAN HEALTH CARE ENTI-**
3 **TLEMENT.**

4 “(a) There is hereby established the National Bipar-
5 tisan Indian Health Care Entitlement Commission (the
6 ‘Commission’).

7 “(b) DUTIES OF COMMISSION.—The Commission
8 shall—

9 “(1) review and analyze the recommendations
10 of the report of the Study Committee, as established
11 below, to the Commission;

12 “(2) make recommendations to the Congress
13 for providing health services for Indian persons as
14 an entitlement, giving due regard to the effects of
15 such a program on existing health care delivery sys-
16 tems for Indian persons and the effect of such a pro-
17 gram on the sovereign status of Indian tribes;

18 “(3) establish a Study Committee composed of
19 those members of the Commission appointed by the
20 Director of the Indian Health Service and at least
21 4 members of Congress from among the members of
22 the Commission which shall—

23 “(A) to the extent necessary to carry out
24 its duties, collect and compile data necessary to
25 understand the extent of Indian needs with re-
26 gard to the provision of health services, regard-

1 less of the location of Indians, including holding
2 hearings and soliciting the views of Indians, In-
3 dian tribes, tribal organizations, and urban In-
4 dian organizations, and which may include au-
5 thorizing and funding feasibility studies of var-
6 ious models for providing and funding health
7 services for all Indian beneficiaries including
8 those who live outside of a reservation, tempo-
9 rarily or permanently;

10 “(B) make recommendations to the Com-
11 mission for legislation that will provide for the
12 delivery of health services for Indians as an en-
13 titlement, which will address, among other
14 things, issues of eligibility, benefits to be pro-
15 vided, including recommendations regarding
16 from whom such health services are to be pro-
17 vided and the cost, including mechanisms for
18 funding of the health services to be provided;

19 “(C) determine the effect of the enactment
20 of such recommendations on the existing system
21 of delivery of health services for Indians;

22 “(D) determine the effect of a health serv-
23 ices entitlement program for Indian persons on
24 the sovereign status of Indian tribes;

1 “(E) not later than 12 months after the
2 appointment of all members of the Commission,
3 shall make a written report of its findings and
4 recommendations to the full Commission, which
5 report shall include a statement of the minority
6 and majority position of the Committee and
7 which shall be disseminated, at a minimum, to
8 every federally recognized Indian tribe, tribal
9 organization, and urban Indian organization for
10 comment to the Commission; and

11 “(F) report regularly to the full Commis-
12 sion regarding the findings and recommenda-
13 tions developed by the Study Committee in the
14 course of carrying out its duties under this sec-
15 tion.

16 “(4) By not later than 18 months following the
17 date of appointment of all members of the Commis-
18 sion, submit a written report to Congress containing
19 a recommendation of policies and legislation to im-
20 plement a policy that would establish a health care
21 system for Indians based on delivery of health serv-
22 ices as an entitlement, together with a determination
23 of the implications of such an entitlement system on
24 existing health care delivery systems for Indians and
25 on the sovereign status of Indian tribes.

1 “(c)(1) The Commission shall be composed of 25
2 members, selected by as follows:

3 “(A) 10 members of Congress, including 3 from
4 the United States House of Representatives and 2
5 from the United States Senate, appointed by their
6 respective majority leaders, and 3 from the United
7 States House of Representatives and 2 from the
8 United States Senate, appointed by their respective
9 minority leaders, and who shall be members of the
10 standing committees of Congress that consider legis-
11 lation affecting health care to Indians.

12 “(B) 12 persons chosen by the Congressional
13 members of the Commission, 1 from each Indian
14 health care service area as currently designated by
15 the Director of the Indian Health Service, to be cho-
16 sen from among 3 nominees from each area put for-
17 ward by the Tribes within the area, with due regard
18 being given to the experience and expertise of the
19 nominees in the provision of health care to Indians
20 and with due regard being given to a reasonable rep-
21 resentation on the commission of members who are
22 familiar with various health care delivery modes and
23 who represent Tribes of various size populations.

24 “(C) 3 persons appointed by the Director of the
25 Indian Health Service who are knowledgeable about

1 the provision of health care to Indians, at least one
2 of whom shall be appointed from among 3 nominees
3 put forward by those programs whose funding is
4 provided in whole or in part by the Indian Health
5 Service primarily or exclusively for the benefit of
6 urban Indians.

7 “(D) All those persons chosen by the Congres-
8 sional members of the Commission and by the Presi-
9 dent shall be members of federally recognized Indian
10 tribes.

11 “(E) The Chairman and Vice Chairman of the
12 Commission shall be selected by the Congressional
13 members of the Commission.

14 “(d)(1) The terms of members of the Commission
15 shall be for the life of the Commission.

16 “(2) Congressional members of the Commission shall
17 be appointed not later than 90 days after the approval
18 of this Act, and the remaining members of the Commis-
19 sion shall be appointed not later than 60 days following
20 the appointment of the Congressional members.

21 “(3) A vacancy in the Commission shall be filled in
22 the manner in which the original appointment was made.

23 “(e)(1) Each Congressional member of the Commis-
24 sion shall receive no additional pay, allowances, or benefits
25 by reason of their service on the Commission and shall

1 receive travel expenses and per diem in lieu of subsistence
2 in accordance with sections 5702 and 5703 of title 5,
3 United States Code.

4 “(2) Remaining members of the Commission, while
5 serving on the business of the Commission (including trav-
6 el time) shall be entitled to receive compensation at the
7 per diem equivalent of the rate provided for level IV of
8 the Executive Schedule under section 5315 of title 5,
9 United States Code, and while so serving away from home
10 and the member’s regular place of business, a member
11 may be allowed travel expenses, as authorized by the
12 Chairman of the Commission. For purpose of pay (other
13 than pay of members of the Commission) and employment
14 benefits, rights, and privileges, all personnel of the Com-
15 mission shall be treated as if they were employees of the
16 United States Senate.

17 “(f)(1) The Commission shall meet at the call of the
18 Chairman.

19 “(2) A quorum of the Commission shall consist of not
20 less than 15 members, provided that no less than 6 of
21 the members of Congress who are Commission members
22 are present and no less than 9 of the members who are
23 Indians are present.

24 “(g)(1)(A) The Commission shall appoint an execu-
25 tive director of the Commission.

1 “(B) The executive director shall be paid the rate of
2 basic pay for level V of the Executive Schedule.

3 “(2) With the approval of the Commission, the execu-
4 tive director may appoint such personnel as the executive
5 director deems appropriate.

6 “(3) The staff of the Commission shall be appointed
7 without regard to the provisions of title 5, United States
8 Code, governing appointments in the competitive service,
9 and shall be paid without regard to the provisions of chap-
10 ter 51 and subchapter III of chapter 53 of such title (re-
11 lating to classification and General Schedule pay rates).

12 “(4) With the approval of the Commission, the execu-
13 tive director may procure temporary and intermittent
14 services under section 3109(b) of title 5, United States
15 Code.

16 “(5) The Administrator of General Services shall lo-
17 cate suitable office space for the operation of the Commis-
18 sion. The facilities shall serve as the headquarters of the
19 Commission and shall include all necessary equipment and
20 incidentals required for the proper functioning of the Com-
21 mission.

22 “(h)(1) For the purpose of carrying out its duties,
23 the Commission may hold such hearings and undertake
24 such other activities as the Commission determines to be
25 necessary to carry out its duties, provided that at least

1 6 regional hearings are held in different areas of the
2 United States in which large numbers of Indians are
3 present. Such hearings are to be held to solicit the views
4 of Indians regarding the delivery of health care services
5 to them. To constitute a hearing under this subsection,
6 at least 5 members of the Commission, including at least
7 1 member of Congress, must be present. Hearings held
8 by the Study Committee established in this section may
9 count towards the number of regional hearings required
10 by this subsection.

11 “(2) Upon request of the Commission, the Comp-
12 troller General shall conduct such studies or investigations
13 as the Commission determines to be necessary to carry
14 out its duties.

15 “(3)(A) The Director of the Congressional Budget
16 Office or the Chief Actuary of the Health Care Financing
17 Administration, or both, shall provide to the Commission,
18 upon the request of the Commission, such cost estimates
19 as the Commission determines to be necessary to carry
20 out its duties.

21 “(B) The Commission shall reimburse the Director
22 of the Congressional Budget Office for expenses relating
23 to the employment in the office of the Director of such
24 additional staff as may be necessary for the Director to

1 comply with requests by the Commission under subpara-
2 graph (A).

3 “(4) Upon the request of the Commission, the head
4 of any Federal agency is authorized to detail, without re-
5 imbursement, any of the personnel of such agency to the
6 Commission to assist the Commission in carrying out its
7 duties. Any such detail shall not interrupt or otherwise
8 affect the civil service status or privileges of the Federal
9 employee.

10 “(5) Upon the request of the Commission, the head
11 of a Federal agency shall provide such technical assistance
12 to the Commission as the Commission determines to be
13 necessary to carry out its duties.

14 “(6) The Commission may use the United States
15 mails in the same manner and under the same conditions
16 as Federal agencies and shall, for purposes of the frank,
17 be considered a commission of Congress as described in
18 section 3215 of title 39, United States Code.

19 “(7) The Commission may secure directly from any
20 Federal agency information necessary to enable it to carry
21 out its duties, if the information may be disclosed under
22 section 552 of title 4, United States Code. Upon request
23 of the Chairman of the Commission, the head of such
24 agency shall furnish such information to the Commission.

1 “(8) Upon the request of the Commission, the Ad-
2 ministrator of General Services shall provide to the Com-
3 mission on a reimbursable basis such administrative sup-
4 port services as the Commission may request.

5 “(9) For purposes of costs relating to printing and
6 binding, including the cost of personnel detailed from the
7 Government Printing Office, the Commission shall be
8 deemed to be a committee of the Congress.

9 “(i) There are authorized to be appropriated
10 \$4,000,000 to carry out the provisions of this section,
11 which sum shall not be deducted from or affect any other
12 appropriation for health care for Indian persons.

13 **“SEC. 816. APPROPRIATIONS; AVAILABILITY.**

14 “Any new spending authority (described in subsection
15 (c)(2)(A) or (B) of section 401 of the Congressional Budg-
16 et Act of 1974) which is provided under this Act shall
17 be effective for any fiscal year only to such extent or in
18 such amounts as are provided in appropriation Acts.

19 **“SEC. 817. AUTHORIZATION OF APPROPRIATIONS.**

20 “There are authorized to be appropriated such sums
21 as may be necessary for each fiscal year through fiscal
22 year 2012 to carry out this title.”.

23 **SEC. 3. SOBOBA SANITATION FACILITIES.**

24 The Act of December 17, 1970 (84 Stat. 1465), is
25 amended by adding at the end the following new section:

1 “SEC. 9. Nothing in this Act shall preclude the
2 Soboba Band of Mission Indians and the Soboba Indian
3 Reservation from being provided with sanitation facilities
4 and services under the authority of section 7 of the Act
5 of August 5, 1954 (68 Stat. 674), as amended by the Act
6 of July 31, 1959 (73 Stat. 267).”.

7 **SEC. 4. SOCIAL SECURITY ACT AMENDMENTS.**

8 (a) Section 1866(a)(1) of the Social Security Act (42
9 U.S.C. 1395cc(a)(1)) is amended by adding at the end the
10 following new subparagraph:

11 “(T) in the case of hospitals and critical
12 access hospitals which provide inpatient hospital
13 services for which payment may be made under
14 this title, to accept as payment in full for serv-
15 ices that are covered under and furnished to an
16 individual eligible for the contract health serv-
17 ices program operated by the Indian Health
18 Service, by an Indian tribe or tribal organiza-
19 tion or furnished to an urban Indian eligible for
20 health services purchased by an urban Indian
21 organization (as those terms are defined in sec-
22 tion 4 of the Indian Health Care Improvement
23 Act), in accordance with such admission prac-
24 tices, and such payment methodology and
25 amounts, as are prescribed under regulations

1 issued by the Secretary in implementation of
2 such section.”.

3 (b) Section 1880 of the Social Security Act is amend-
4 ed to read as follows:

5 **“SEC. 1880. INDIAN HEALTH PROGRAMS.**

6 “(a) The Indian Health Service and an Indian tribe
7 or tribal organization (as those terms are defined in sec-
8 tion 4 of the Indian Health Care Improvement Act), shall
9 be eligible for payments under this title, notwithstanding
10 sections 1814(c) and 1835(d), if and for so long as it
11 meets the conditions and requirements for such payments
12 which are applicable generally to the service or provider
13 type for which it seeks payment under this title and for
14 services and provider types provided by a qualified Indian
15 health program under section 1880A.

16 “(b) Notwithstanding subsection (a), if the Indian
17 Health Service or an Indian tribe, tribal organization, or
18 urban Indian organization, does not meet all of the condi-
19 tions and requirements of this title which are applicable
20 generally to such service or provider type submits to the
21 Secretary within 6 months after the date on which it first
22 sought reimbursement for the service or provider type an
23 acceptable plan for achieving compliance with such condi-
24 tions and requirements, it shall be deemed to meet such
25 conditions and requirements (and to be eligible for reim-

1 bursement under this title), without regard to the extent
2 of its actual compliance with such conditions and require-
3 ments, during the first 12 months after the month in
4 which such plan is submitted.

5 “(c) For provisions relating to the authority of cer-
6 tain Indian tribes and tribal organizations to elect to di-
7 rectly bill for, and receive payment for, health care services
8 provided by a hospital or clinic of such Tribes or tribal
9 organizations and for which payment may be made under
10 this title, see section 405 of the Indian Health Care Im-
11 provement Act.

12 “(d) The Indian Health Service, an Indian tribe, or
13 tribal organization providing a service otherwise eligible
14 for payment under this section through the use of a com-
15 munity health aide or practitioner certified under the pro-
16 visions of section 121 of the Indian Health Care Improve-
17 ment Act (25 U.S.C. 1616l) shall be paid for such services
18 on the same basis that such services are reimbursed under
19 State Plans approved under title XIX of the Social Secu-
20 rity Act.

21 “(e) Notwithstanding any other provision of law, a
22 health program operated by the Indian Health Service, an
23 Indian tribe, or tribal organization, which collaborates
24 with a hospital operated by the Indian Health Service or
25 an Indian tribe or tribal organization, shall, at the option

1 of the Indian tribe or tribal organization, be paid for serv-
2 ices for which it would otherwise be eligible under this sec-
3 tion as if it were an outpatient department of the hospital.
4 In situations where the health program is on a separate
5 campus from the hospital, billing as an outpatient depart-
6 ment of the hospital shall not subject such a health pro-
7 gram to the requirements of section 1867 (42 U.S.C.
8 1395dd) (the Emergency Medical Treatment and Active
9 Labor Act).

10 “(f) The Indian Health Service, an Indian tribe, or
11 tribal organization providing visiting nurse services in a
12 Home Health Agency Shortage Area shall be paid for such
13 services on the same basis that such services are reim-
14 bursed for other primary care providers.

15 “(g) Notwithstanding any other provision of law, the
16 Secretary shall have broad authority to identify and imple-
17 ment alternative methods of reimbursing Indian health
18 programs for Medicare services provided to Indians. The
19 Indian tribe, tribal organization, or urban Indian organi-
20 zation may opt to receive reimbursement under reimburse-
21 ment methodologies applicable to other providers of simi-
22 lar services, provided that the amount of reimbursement
23 resulting under such alternative methodology shall not be
24 less than 100 percent of the reasonable cost of the service
25 to which the methodology applies under section 1861(v).”.

1 (c) Title XVIII of the Social Security Act is amended
2 by adding after section 1880A the following new section:

3 **“SEC. 1880B. QUALIFIED INDIAN HEALTH PROGRAM.**

4 “(a) A qualified Indian health program shall be eligi-
5 ble for payments under this title, notwithstanding sections
6 1814(c) and 1835(d), if and for so long as it meets all
7 the conditions and requirements set forth in this section.

8 “(b)(1) The term ‘qualified Indian health program’
9 means a health program operated by—

10 “(A) the Indian Health Service;

11 “(B) an Indian tribe, tribal organization, or
12 urban Indian organization (as those terms are de-
13 fined in section 4 of the Indian Health Care Im-
14 provement Act) and which is funded in whole or part
15 by the Indian Health Service under the Indian Self-
16 Determination and Education Assistance Act; and

17 “(C) an urban Indian organization (as that
18 term is defined in section 4 of the Indian Health
19 Care Improvement Act) and which is funded in
20 whole or part under title V of the Indian Health
21 Care Improvement Act.

22 “(2) A qualified Indian health program may include
23 one or more hospitals, nursing homes, home health pro-
24 grams, clinics, ambulance services, or other health pro-
25 grams providing a service for which payments may be

1 made under this title and which is covered in the Medicare
2 or Medicaid cost report for such qualified Indian health
3 program.

4 “(c)(1) Notwithstanding any other provision in the
5 law, a qualified Indian health program shall be entitled
6 to receive payment based on an all-inclusive rate which
7 shall be calculated to provide full cost recovery for the cost
8 of furnishing services provided under this section.

9 “(2) The term ‘full cost recovery’ shall mean—

10 “(A) the direct costs, which are reasonable,
11 adequate, and related to the cost of furnishing such
12 services, taking into account the unique nature, loca-
13 tion, and service population of the qualified Indian
14 health program, and which shall include direct pro-
15 gram, administrative, and overhead costs, without
16 regard to the customary or other charge or any fee
17 schedule that would otherwise be applicable, plus

18 “(B) indirect costs which for a qualified Indian
19 health program operated by—

20 “(i) an Indian tribe or tribal organization
21 for which an indirect cost rate (as that term is
22 defined in section 4(g) of the Indian Self-Deter-
23 mination and Education Assistance Act) has
24 been established or an urban Indian organiza-
25 tion for which an indirect cost rate has other-

1 wise been established shall be not less than an
2 amount determined on the basis of the indirect
3 cost rate; or

4 “(ii) the Indian Health Service, an Indian
5 tribe, tribal organization, or urban Indian orga-
6 nization for which no such rate has been estab-
7 lished shall be not less than the administrative
8 costs specifically associated with the delivery of
9 the services being provided.

10 “(C) Notwithstanding any other provision of
11 law, the amount determined to be payable as full
12 cost recovery may not be reduced for coinsurance,
13 copayments or deductibles when the service was pro-
14 vided to an Indian entitled under Federal law to re-
15 ceive service from the Indian Health Service, an In-
16 dian tribe, or tribal organization, or an urban Indian
17 organization or because of any limitations on pay-
18 ment provided for in any managed care plan.

19 “(3) In addition to full cost recovery, a qualified In-
20 dian health program shall be entitled to reasonable
21 outstationing costs, which shall include all administrative
22 costs associated with outreach and acceptance of eligibility
23 applications for any Federal or State health program in-
24 cluding, but not limited to medicare, medicaid, and the
25 Children’s Health Insurance Program.

1 “(4) Costs identified for services addressed in a cost
2 report submitted by the qualified Indian health program
3 shall be used to determine an all-inclusive encounter or
4 per diem payment amount for such services. Not all health
5 programs provided or administered by the Indian Health
6 Service, an Indian tribe or tribal organization, or an urban
7 Indian organization must be combined into a single cost
8 report. A full cost recovery payment for services not cov-
9 ered by such cost report shall be made on a fee-for-service,
10 encounter, or per diem basis.

11 “(5) The full cost recovery rate provided for in para-
12 graphs (1) through (3) of this subsection may be deter-
13 mined, at the election of the qualified Indian health pro-
14 gram, by the Health Care Financing Administration or by
15 a State Medicaid agency and shall be valid for reimburse-
16 ment made under title XVIII (medicare), title XIX (med-
17 icaid), and title XXI (children’s health insurance program)
18 purposes. The costs described in subparagraph (A) of
19 paragraph (2) shall be calculated under whatever method-
20 ology yields the greatest aggregate payment for the cost
21 reporting period, provided that such methodology shall be
22 adjusted to include adjustments to such payment to take
23 into account for those qualified Indian health programs
24 that include hospitals—

25 “(A) a significant decrease in discharges;

1 “(B) costs for graduate medical education pro-
2 grams;

3 “(C) additional payment as a disproportionate
4 share hospital with a payment adjustment factor of
5 10; and

6 “(D) payment for outlier cases.

7 “(6) A qualified Indian health program may elect to
8 receive payment for services provided under this section—

9 “(A) on the full cost recovery basis provided in
10 subsection (c)(1)–(5)

11 “(B) on the basis of the inpatient or outpatient
12 encounter rates established for Indian Health Serv-
13 ice facilities and published annually in the Federal
14 Register;

15 “(C) on the same basis as other providers are
16 reimbursed under this title, provided that to this
17 amount shall be added the amounts determined
18 under subparagraph (B) of subsection (c)(2);

19 “(D) on the basis of any other rate or method-
20 ology applicable to the Service, an Indian tribe, or
21 tribal organization; or

22 “(E) on the basis of any rate or methodology
23 negotiated with the agency responsible for making
24 payment.

1 “(d) A qualified Indian health program may under
2 this section provide and be reimbursed for any service the
3 Indian Health Service, an Indian tribe, or tribal organiza-
4 tion or an urban Indian organization may be reimbursed
5 under section 1880 for the medicare program and section
6 1911 for the Medicaid program, provided that in either
7 event such services may also include, at the election of
8 the qualified Indian health program—

9 “(1) any service when furnished by an employee
10 of the qualified Indian health program who is li-
11 censed or certified to perform such a service to the
12 same extent that such service would be reimbursable
13 if performed by a physician and any service or sup-
14 plies furnished as incident to a physician’s service as
15 would otherwise be covered if furnished by a physi-
16 cian or as an incident to a physician’s service;

17 “(2) screening, diagnostic, and therapeutic out-
18 patient services including, but not limited to, part-
19 time or intermittent screening, diagnostic and thera-
20 peutic skilled nursing care and related medical sup-
21 plies (other than drugs and biologicals), furnished by
22 an employee of the qualified Indian health program
23 who is licensed or certified to perform such a service
24 for an individual in the individual’s home or in a
25 community health setting under a written plan of

1 treatment established and periodically reviewed by a
2 physician, when furnished to an individual as an
3 outpatient of a qualified Indian health program;

4 “(3) preventive primary health services as de-
5 scribed under sections 329, 330, and 340 of the
6 Public Health Service Act, when provided by an em-
7 ployee of the qualified Indian health program who is
8 licensed or certified to perform such a service, re-
9 gardless of the location in which the service is pro-
10 vided;

11 “(4) for children, all services specified as part
12 of the State medicaid plan, Children’s Health Insur-
13 ance Program, and EPSDT;

14 “(5) influenza and pneumococcal immuniza-
15 tions;

16 “(6) other immunizations for prevention of
17 communicable diseases when targeted; and

18 “(7) the cost of transportation for providers or
19 patients necessary to facilitate access for patients.”.

20 (d) Section 1902(a)(13) of the Social Security Act
21 is amended by adding at the end the following:

22 “(D)(i) for payment for services described
23 in subparagraph (C) of section 1905(a)(2)
24 under the plan furnished by an Indian tribe,
25 tribal organization, or urban Indian organiza-

tion (as defined in section 4 of the Indian Health Care Improvement Act) of 100 percent of costs which are reasonable and related to the cost of furnishing such services or based on other tests of reasonableness as the Secretary prescribes in regulations under section 1833(a)(3), or, in the case of services to which those regulations do not apply, the same methodology used under section 1833(a)(3).

“(ii) in carrying out clause (i) in the case of services furnished by a federally qualified health center that is operated by an Indian tribe, tribal organization or urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act) pursuant to a contract between the center and an organization under section 1903(m), for payment to the center at least quarterly by the State of a supplemental payment equal to the amount (if any) by which the amount determined under clause (i) exceeds the amount of the payments provided under such contract.”.

(e) Section 1902(a) of the Social Security Act is amended by adding at the end the following:

1 “(66) if the Indian Health Service operates or
2 funds health programs in the State or if there are
3 Indian tribes, tribal organizations or urban Indian
4 organizations (as those terms are defined in section
5 4 of the Indian Health Care Improvement Act)
6 present in the State, provide for meaningful con-
7 sultation with such entities prior to the submission
8 of, and as a precondition of approval of, any pro-
9 posed amendment, waiver, demonstration project, or
10 other request that would have the effect of changing
11 any aspect of the State’s administration of the Med-
12 icaid program, provided that ‘meaningful consulta-
13 tion’ shall be defined through the negotiated rule-
14 making provided for under section 802 of the Indian
15 Health Care Improvement Act, provided that such
16 consultation must be carried out in collaboration
17 with the Indian Medicaid Advisory Committee estab-
18 lished under section 415(a)(3) of the Indian Health
19 Care Improvement Act.”.

20 (f) The last sentence of section 1905(b) of the Social
21 Security Act is amended to read as follows: “Notwith-
22 standing the first sentence of this section, the Federal
23 medical assistance percentage shall be 100 percent with
24 respect to amounts expended as medical assistance for
25 services which are received through the Indian Health

1 Service or an Indian tribe, tribal organization, or urban
2 Indian organization (as defined in section 4 of the Indian
3 Health Care Improvement Act) under section 1911 of the
4 Social Security Act. ‘Through’ in this subsection shall in-
5 clude services provided directly, by referral, or under con-
6 tracts or other arrangements between the Indian Health
7 Service, Indian tribe, tribal organization, or urban Indian
8 organization and another health provider.”.

9 (g) Section 1911 of the Social Security Act is amend-
10 ed to read as follows:

11 **“SEC. 1911. INDIAN HEALTH SERVICE PROGRAMS.**

12 “(a) The Indian Health Service and an Indian tribe,
13 tribal organization, or urban Indian organization (as those
14 terms are defined in section 4 of the Indian Health Care
15 Improvement Act) shall be eligible for reimbursement for
16 medical assistance provided under a State plan if and for
17 so long as it provides services or provider types of a type
18 otherwise covered under the State plan and meets the con-
19 ditions and requirements which are applicable generally to
20 the service for which it seeks reimbursement under this
21 title and for services provided by a qualified Indian health
22 program under section 1880A.

23 “(b) Notwithstanding subsection (a), if the Indian
24 Health Service, an Indian tribe, or tribal organization,
25 which provides services of a type otherwise covered under

1 the State plan, does not meet all of the conditions and
2 requirements of this title which are applicable generally
3 to such services submits to the Secretary within 6 months
4 after the date on which it first sought reimbursement for
5 the service an acceptable plan for achieving compliance
6 with such conditions and requirements, it shall be deemed
7 to meet such conditions and requirements (and to be eligi-
8 ble for reimbursement under this title), without regard to
9 the extent of its actual compliance with such conditions
10 and requirements, during the first 12 months after the
11 month in which such plan is submitted.

12 “(c) The Secretary is authorized to enter into agree-
13 ments with the State agency for the purpose of reimburs-
14 ing such agency for health care and services provided by
15 the Indian Health Service, Indian tribes, tribal organiza-
16 tions, and urban Indian organizations, directly, through
17 referral, or under contracts or other arrangements be-
18 tween the Indian Health Service, Indian tribe, tribal orga-
19 nization, or urban Indian organization and another health
20 provider to Indians who are eligible for medical assistance
21 under the State plan.”.

22 (h) Section 2101(c) of the Social Security Act is
23 amended by adding at the end the following: “Without re-
24 gard to which option a State chooses under section
25 2101(a), the Federal medical assistance percentage shall

1 be 100 per centum with respect to amounts expended as
2 medical assistance for services which are provided through
3 a health program operated by the Indian Health Service,
4 an Indian tribe, or tribal organization (as those terms are
5 defined in section 4 of the Indian Health Care Improve-
6 ment Act).”.

7 **SEC. 5. REPEAL OF FACILITIES SURVEY AND REPORTING**
8 **REQUIREMENT.**

9 Subsections (a) and (b) of section 506 of P.L. 101–
10 630 are repealed.

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